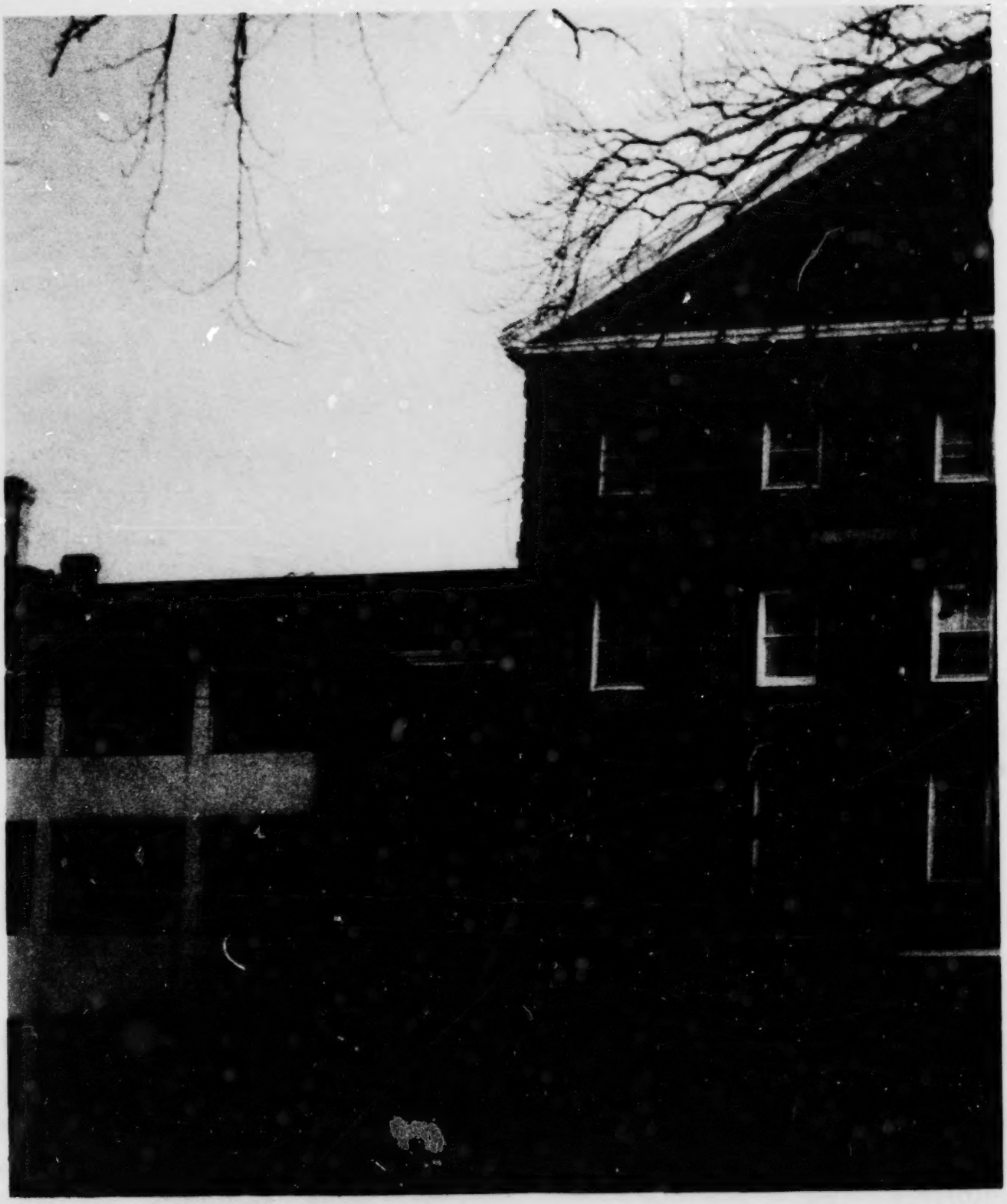
Nova Scotia Hospital

125 Anniversary

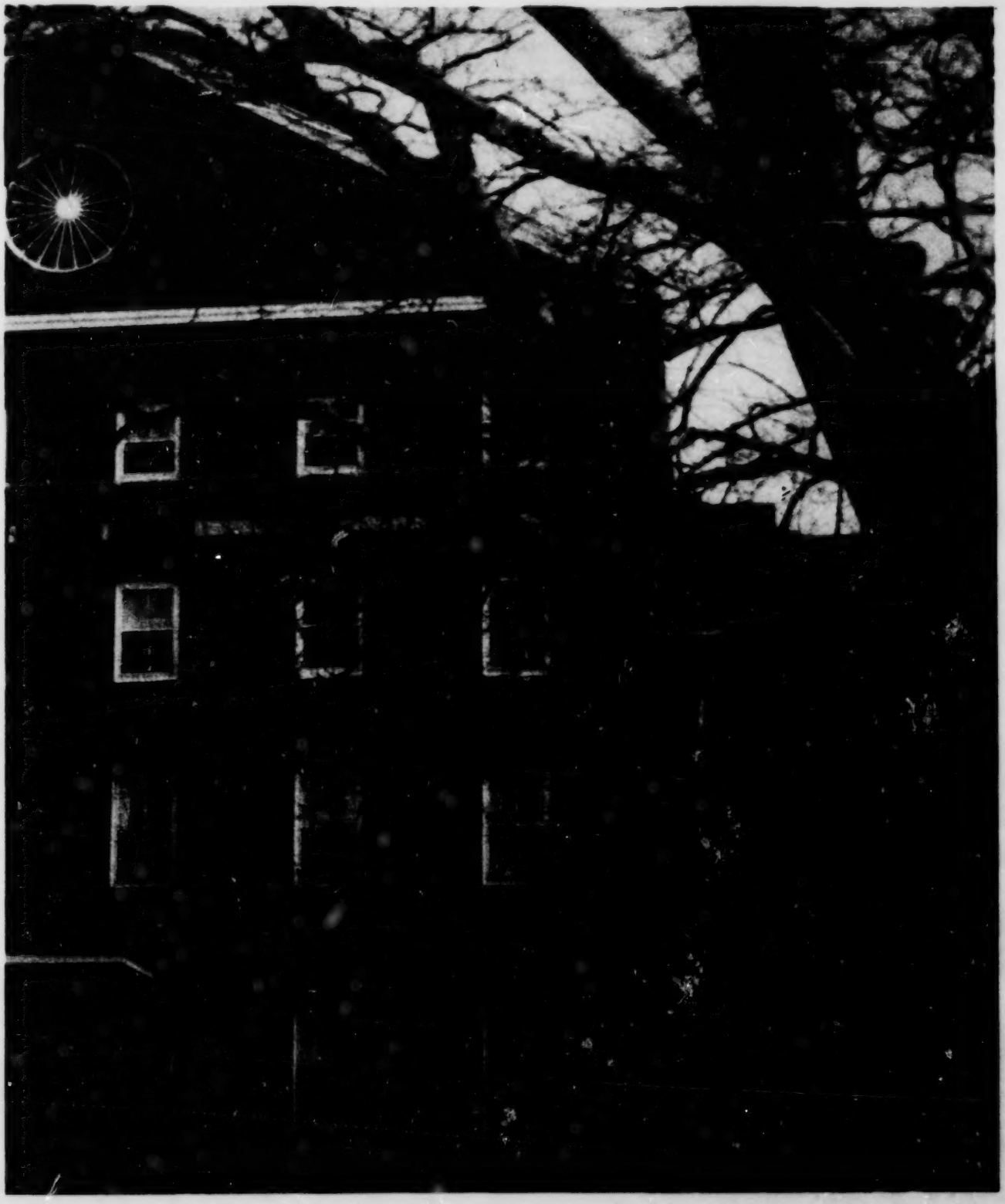
SPECIAL EDITION

1858-1983

From



Hope . . .



CONTENTS

Introduction	1
Hospital History	2
Dartmouth Mental Health Centre and Community Services	19
Day Hospital	19
"We're Sisters"	21
Hospital Complex	23
Accounting - Data Processing	27
Admitting Department	28
Ancillary Services for Patients	29
Central Laundry Linen Service	30
Dental Clinic Services	32
Diagnostic Services	33
Dietary Services	34
Fire, Safety and Security Services	35
Housekeeping Services	36
Maintenance Services	37
Medical Records Service	38
Motivational Services	39
Nursing Education Service	41
Nursing Services	42
Occupational Health	53
Office Services	55
Pastoral Care Department	57
Patient Educational Services	58
Personnel and Payroll	59
Pharmacy Service	60
Psychology	61
Purchasing and Stores Services	62
Social Service	63
Special Services	65
Staff Development	65
Volunteer Services	68
Agenda	69
Acknowledgements	72
Nova Scotia Hospital Staff	73
Autographs	124

THE NOVA SCOTIA HOSPITAL

ACCREDITED BY: The Canadian Council on Hospital Accreditation.

MEMBER OF:

1. Metropolitan Mental Health Planning Board
2. Nova Scotia Association of Health Organizations
3. Council of Teaching Hospitals

APPROVED FOR TRAINING OF INTERNS AND RESIDENTS BY:

1. Canadian Medical Association
2. Royal College of Physicians and Surgeons of Canada

IT OPERATES:

1. Affiliate School of Nursing Students
2. Post-graduate Course in Psychiatric Nursing for Registered Nurses
3. Post-graduate course in Psychiatric Nursing for Certified Nursing Assistants
4. Provides facilities for clinical training of:

   Interns - medical, dietary, occupational therapy
   Residents
   C.N.A.'s in training
   Clinical Pastoral Education Course
   Students of Maritime School of Social Work
   Social Work Technicians, N.S.I.T.

Department of Health

Office of the Minister

In an area of medicine and hospital care so frequently misunderstood, often subject to indifference and even, at times, antagonism, the Nova Scotia Hospital has helped to lead the way to enlightenment and effective compassionate care for 125 years.

Those physicians, staff members, health workers and volunteers who are associated with the hospital today have cause to be proud of the institution's history of struggle and success which now allows them to make such a worthwhile contribution to mental health care in the late 20th Century.

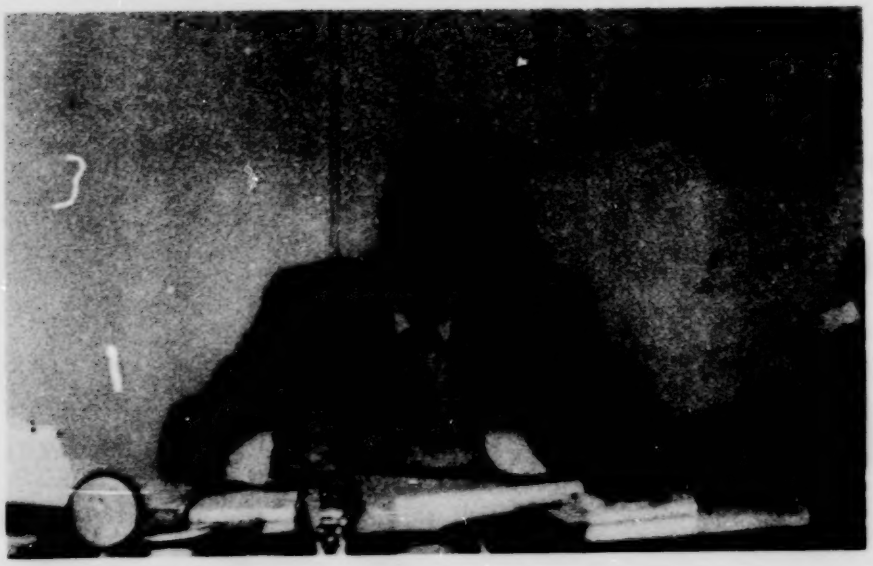
And, in extending 125th anniversary congratulations to the Nova Scotia Hospital, I know I am speaking for thousands of present and former patients and their families when I say: Thank you, and keep up the good work!

Hon. Gerald Sheehy, D.V.M.
Minister of Health

As we enter this, the year of our 125th Anniversary, one cannot help but reflect on the changes which have taken place in the field of mental health since the days when the site of this hospital was known as Mount Hope. But despite the progress which justifies the theme for this year's celebrations, much remains to be done to improve the lot of the post-mentally ill in our society. The stigma of mental illness is, in too many cases, more permanent than the disease itself. Thus the former patient can be emotionally scarred, not by illness, but by the reaction of the community to that illness.

As members of the Board of the Hospital, we have had a whole new world revealed to us; a world where advances in the treatment of disorders of the mind have by far exceeded changes in the attitudes of a society unable to keep pace. We have had the privilege of seeing possibly the finest and most dedicated hospital staff in the country at work. Our staff have been involved in the planning for this anniversary celebration, starting with the questionnaire which was circulated to them more than a year ago, soliciting their views and suggestions. And just as the hospital owes its past success to its fine management and employees, so it will be in 1983 and the years to come.

David W. Richey
Chairman of The Board



On behalf of the staff, it is my pleasure to extend our sincere thanks to the Provincial Government for their support and understanding in the hospital's effort to improve the standards of care for our patients. Special thanks are due to the Department of Health, Government Services and the Civil Service Commission for their cooperation and help during the many changes the hospital has undergone since its founding, but especially during the past 25 years, during which period their active involvement has enabled us to improve accommodations for patients and working conditions for the staff.

To the staff, past and present, thanks for your forbearance during our trials and tribulations involved in the various stages of reorganization. You can be justifiably proud of the part you have played in achieving our present high standards.

V. F. Simpson
Administrator

One hundred and twenty-five years of progress in patient care involves the contribution of many.

My congratulations to the Department of Health and other government departments for their leadership in providing the guidance, support and the resources to our loyal and dedicated staff, both past and present, for their untiring and compassionate efforts and to the public who volunteer their services so readily to the patients of this hospital.

On the occasion of the 125th Anniversary, I extend my thanks.

H. P. Poulos, M.D., C.M., F.R.C.P.(C)
Medical Director

On behalf of the staff of the Nursing Service Department, I wish to extend congratulations and best wishes to the Government of Nova Scotia, the Board of Management and the Administration of the Nova Scotia Hospital, on the 125th Anniversary of the opening of this facility.

Many changes have occurred since 1858. Advancement in technology, medical and nursing science, and Human Rights legislation has altered the entire nursing approach toward the mentally ill. Staff now focus on the therapeutic aspect of care rather than custodial care.

Because ot this new approach, the majority of our patients return to the community.

We are proud to be staff of the Nova Scotia Hospital and are happy to be participating in the 125th Anniversary celebrations.

Geraldine Webber

Geraldine Webber
Director of Nursing

It is indeed fitting and appropriate that we, on this the 125th Anniversary of the Nova Scotia Hospital, commemorate this great occasion by compiling a book (the first ever) to take you down the long corridors of its history and to further make you aware that from a small beginning (Mount Hope), we have grown and expanded to the present Nova Scotia Hospital.

One of the most important factors of this hospital is the growth and the availability of the many types of services which are rendered to our patients by caring and devoted staff, who have striven to bring "From Hope to Reality" an actual feat.

Each department in this hospital will endeavour to show you what has been done -- what is being done, and, finally, what we hope to accomplish in the future.

It has been both an honour and a privilege for me to take on the responsibility as Editor of this Special Edition 125th Anniversary Book, a task I thoroughly enjoyed.

I hope each person who reads this Special Edition gains an insight into the diversified services the hospital offers.

This book is dedicated to all the staff and patients of the Nova Scotia Hospital.

Susan McNulty.

Susan McNulty
Editor

It gives me great pleasure to thank all those who have helped with the planning of this, our 125th Anniversary celebration. I would like to express my appreciation to the Board of Management for entrusting me with this responsibility. It has been a privilege, an honour and an experience I shall always cherish.

To coordinate 125 years of progress has been more than a challenge to me; it was both rewarding and educational.

Space does not permit me to acknowledge each and everyone for their full assistance and cooperation given over the past several months, but I would be remiss if I did not take this time and opportunity to sincerely thank my Committee, who worked so hard and diligently, Mr. Victor Simpson, Administrator, and Mrs. Geraldine Webber, Director of Nursing, for their continuous support, and Mrs. Susan McNulty for compiling and editing the 125th Anniversary Special Edition.

We must not forget to acknowledge the dedicated staff of yesteryear, who began with Hope, and here we are today, facing Reality, with anticipation of changes, hopes and further expansions in technology yet to come.

Appreciation is also extended to those individuals who contributed financially, and to the merchants for their advertisements, which assisted us in the publication of this book.

On behalf of myself and the 125th Anniversary Committee, we wish every success towards the future of the Nova Scotia Hospital.

Albert MacIntyre
Co-Ordinator, 125th Anniversary

EMPLOYEES AND HOSPITAL CELEBRATE ANNIVERSARIES TOGETHER

It is a happy coincidence that the Nova Scotia Hospital and the Nova Scotia Government Employees Union are both celebrating anniversaries this year.

For the Union, 1983 marks the 25th year since the founding convention of April, 1958. From the very beginning, the Nova Scotia Hospital Branch was well represented by an active and interested membership.

In those early days, the Union was called the Nova Scotia Civil Service Association, and what we now refer to as Branch 12 was then known as Division 12. At that time there were very few members employed at the Nova Scotia Hospital, but the enthusiasm and hard work of the original few very shortly began to pay off, and Branch 12 today has a proud membership of six hundred.

These members are proud of their Branch and Union, and proud to be part of that history of dedicated service for which the Nova Scotia Hospital has become so well known in the community and throughout the Province.

The Nova Scotia Government Employees Union is pleased on this happy anniversary occasion, and on behalf of nearly ten thousand government employees, to offer congratulations to the Nova Scotia Hospital for the high standards of excellence it has achieved during its long and eventful history.

May this spirit of dedication, service, and cooperative effort which has been so characteristic of the Hospital in the past continue well into the future, and enable the administration and staff to build upon those high standards they have worked so long and hard to attain.

Greg Blanchard
President, N.S.G.E.U.

FROM HOPE TO REALITY

Gonna dream a dream -----
Gonna work it out
To build reality
From a little hope.

Gonna dream a dream -----
Gonna call on you
Even if it takes a lifetime
Somethin' that we gotta do.

On a barren hillside
Beaten by the sea
I can see a haven
Gonna make it be.

From a barren hillside
We can reach afar
We can give the light of lovin'
Brighter than the brightest star.

Gonna turn to others
Make our voices heard
Gonna make them partners
Give 'em all the word.

When it seems a struggle
Just to move one stone
We'll just pull ourselves together
Remember that we're not alone.

Look around you people
See how we have shown
From a little dreamin'
Reality has grown.

Keep your eye on us (now)
We will prove to you
That no matter what the odds are
We can make a dream come true.

Linda LeGendre

FROM HOPE .....

INTRODUCTION

1983 is a special year for the Nova Scotia Hospital, for it marks the 125th Anniversary of the facility. Dating back to its first admission in December, 1858, the hospital has a story of its own to tell, one of progress, sad times, happy times and plans for the future.

The theme for the 125th celebration is "From Hope to Reality". Plans are under way for a week of special activities to be held from June 27th - July 3rd, 1983. Coordinator for the 125th Anniversary Planning Committee, Mr. Albert MacIntyre, states that "increased public awareness and community involvement" is one aid his committee has in organizing for that week. An agenda of events for the public will be announced very soon.

The history of the hospital is an interesting tale. It is hoped that an abbreviated series of articles will be published in the weeks to come. Citizens of the community have long been involved with the hospital and should find this series both informative and enjoyable. This series will cover events over the past century, dating from the meagre beginnings of the hospital plans in 1854 to the present day reality. The milestones in the development of the multitude of psychiatric services, treatments, educational programs and community participation will be presented. All of these things have made the hospital the "Provincial Psychiatric Referral Centre" it is today.

Readers are asked to look for upcoming features in the media on the Anniversary plans as they are announced. Interested citizens may contact Mr. MacIntyre at the Nova Scotia Hospital at any time, Monday through Friday. He feels confident "The time is ripe for community and hospital to get to know each other a little better, so as to help each other grow in the years ahead", and he adds, "The Nova Scotia Hospital is a progressive facility, one of its kind of which Nova Scotians can be proud".

SERVICE

The hospital is an acute, active treatment referral hospital for the Province of Nova Scotia and provides specialized psychiatric services for:

Children
Adolescents
Geriatrics
Forensic
Alcoholism
Day Care Patients
Out-Patient Department
Day Hospital

Since the opening of the South Unit in 1958 (on which date the bed capacity of the hospital was established at 595 beds), the number of patients admitted for treatment has increased from 1218 to almost 4000 in 1973. This increased turnover has been pronounced since 1968, admissions increasing by an average of 300 additional patients each year. The average length of stay of patients, during the same period, has shortened dramatically from approximately 60 days to less than 50 days.

The workloads of the diagnostic departments -

Laboratory was in operation since 1935 and has increased proportionately to the increased in-patient and out-patient activity.

Electroencephalograms (E.E.G.)

Electrocardiograms (E.K.G.)

The X-Ray Department started in 1929, with a Consultant in Radiology employed since 1955.

These departments have also increased proportionally to the increased in-patient and out-patient activity.

The Occupational Therapy Department opened in 1919, and ever since its founding, its programs have been greatly enhanced, and especially since the new Central Service Building opened in 1974 with a complete gymnasium, auditorium, swimming pool and recreation room, which are in constant use.

A complete new meal service for patients has also been established with the opening of the new Centralized Dietary Services in the Central Service Building. The new service includes a selective menu, patient cafeteria dining, and tray service (to all patients unable to attend the cafeteria). In a year the cooks prepare approximately 693,000 meals.

The Out-Patient Department and Day Care are located in the Nurses Residence with full time projects in operation.

For some years a centralized service has been operated by the hospital Laundry, which services all the South Shore hospitals, the Abbie J. Lane Hospital, Camp Hill, Halifax County Hospital and various smaller agencies besides our own hospital. Expansion of this service is presently being undertaken and may provide service to sixteen hospitals and related agencies for an eventual annual processing output of 8 - 12 million pounds of laundry. The expanded plant has been in operation since July 1, 1978.

Similarly, a drug distribution program has been developed, supplying a wide range of drugs to almost all the hospitals, all the Mental Health Centres and many other Government agencies. Sales now amount to $8,000,000.00 a year.

Both these projects have generated large financial savings to the Province, besides a better service than hitherto available to the participating hospitals and agencies.

The Nova Scotia Hospital was among the first fully accredited psychiatric hospitals in Canada. It received full accreditation status, through the Canadian Council on Hospital Accreditation, in August, 1970, and so far as can be ascertained was second only to the Douglas Hospital in Montreal in achieving this distinction.

The Nova Scotia Hospital Auxiliary was formed in 1954, but due to unfortunate circumstances, dissolved some years later. A new organized Auxiliary, now known as the Auxiliary of the Nova Scotia Hospital, was formed in September, 1973, and since its formation has become very active in fundraising to provide additional amenities for patients, also providing personal services to them and promoting better public relations. Its major project has been the purchase of a camp for patients, which is now in operation at Otter Lake, Halifax County, Nova Scotia. Another major project is the opening of a Gift Shop in June, 1983.

In 1961 a Voluntary Services program was established, under the direction of a fulltime Director of Volunteer Service, who coordinates volunteer and other Auxiliary group activities.

P.B.X. SERVICE

The first telephone system was installed in Nova Scotia on December 6, 1879. This exchange was installed in Halifax by the Dominion Telegraph Company with a switchboard in the Hesslien Building across Hollis Street from Province House, but was not until

1883 that our hospital, known then as Mount Hope Asylum, was to have its first telephone. It was connected by its own separate wire leading directly to the central office in Halifax of the Nova Scotia Telephone Company.

In 1903, there was a house telephone system installed here, but no mention is made of any switchboard that would have had outside trunk lines. Since 1900 we have been known as the Nova Scotia Hospital. The sum of $111.75 was spent in 1901 for telephones, which could have been for the first switchboard with outside trunk lines. This was the same year the Maritime Telegraph and Telephone Company Ltd. took over the holdings of the Nova Scotia Telephone Company and was incorporated on April 22, 1910.

Two retirees recall that by the 1920's there were two switchboards in place here. One was a house telephone system, owned and maintained by our hospital, and one with three outside trunk lines that was owned and maintained by the Maritime Telegraph and Telephone Company. These were cord boards with the cords covered with cotton which frayed easily and had to be constantly repaired. The operators would have received more than their fair share of shocks from the exposed wires.

These boards were located in a small section of what is now Room #115 in the North Unit. The Steno Pool was located next to them. The operator sat between these boards and with cords and keys, was able to connect outside lines to inside and vice versa. Each ward and department had two phones, one for house or inside calls, and the other for outside calls. The operator did all the dialing, ringing and connecting as there was no dial system in place here at this time. The operator had to answer the front door, help out in the Steno Pool, assist housekeeping staff, as well as her switchboard duties. She also had to blow the steam whistle to alert staff of emergency situations and as a call system. The number of blows indicated what the situation was, but it not only alerted our staff, but all the residents in North and South Woodside. As they all knew the signals, they would call just to see if everything was all right. This whistle was still in use in the 1950's and 1960's.

The Maritime Telegraph and Telephone Company installed, in the early 1930's, a switchboard that replaced these two boards, and it was located in the main lobby of what is now the North Unit just opposite the present Security Desk. Again, no mention is made of when a dial system was installed on inside phones, but it could have been about this time, as the dial system was introduced in this Province in 1921 and should have been in place here by 1933-34. The operator closed the board and put night connections up at

11:00 P.M. to the Duty Doctor's Apartment and Duty Engineer's Apartment. The switchboard was not to be a 24-hour service until the late 1950's. In 1949, the telephone equipment room in the tunnel was enlarged and additional trunk lines were installed.

In 1959, the switchboard moved to its present location, and additional trunk lines and inside locals were added to accommodate the new South Unit. During this time, the Information Desks in the North and South Units were opened and staffed by our two senior operators.

The new Nurses' Residence was opened in 1964 and a separate switchboard was installed there and staffed by our Department. It was removed in 1969 when our main switchboard in the North Unit became a two-position one requiring two operators to staff it during peak hours. Our Department continued to provide coverage at the Desk in the Nurses' Residence on a relief basis. During this time, we had a fire alarm coding system installed in our room in the North Unit which coded if an alarm was pulled or sprinkler was broken. I must add here that one of the most trying times for the operators had to be during the renovation of the North Unit in 1964-65. The Public Works Department had to work around us, as we could not be moved, and issued us with hard hats and face masks. The dust and noise were unbelievable.

The first paging system was installed in our switchboard room in the North Unit in the late 1960's. These pagers had no voice transmission. In 1974, we had our first two-way radio system installed which serviced the Fire Safety Officer, Security Department, Station Wagon Driver and Duty Maintenance man. In 1978, the paging system was changed to a one-way voice system.

The switchboard or P.B.X. Department as it is known now, has a staff of 1 Chief P.B.X. Operator and Receptionist, 6 permanent staff and 6 casuals, who fill in on vacations, sick time, etc. We staff the main P.B.X. 24 hours daily, Information Desk, South Unit 8:30 A.M. to 9:00 P.M. and the Desk in the Nurses' Residence 7:00 A.M. to 3:00 P.M. daily. Our P.B.X. or switchboard has approximately 350 locals, 10 trunk lines, 4 inside operator lines, 1 inside emergency phone. Also located in our room is the fire alarm coding system, radio and pager transmitters and a large staff keyboard.

EDUCATION

The Nova Scotia Hospital has played a major role in the education of professional and non-professional staff from various disciplines in the care and treatment of the mentally and physically ill.

In 1894, a School of Nursing for Diploma Nurses was established. This continued until closure of the School in 1970 due to the shortened two year program. In 1954 a six month Post-Graduate Course in Psychiatric Nursing for Registered Nurses was introduced and ran for a five year period. A second six month Registered Nurses Post-Graduate Course in Psychiatric Nursing was established in 1972 and continues today.

A short training course was provided for attendants in 1954 to offset the lack of trained nursing staff due to rapid turnover. In 1959 a School for Certified Nursing Assistants was started, and continued until closure of the School of Nursing in 1971. Now the Certified Nursing Assistant students from Dartmouth Regional Vocational School receive practical experience in psychiatric nursing at the hospital. In 1972 a three month Certified Nursing Assistants Post-Graduate Course was offered and is still in existence today.

In 1958, six child care workers were the first to complete and graduate from the course offered at the hospital. The course is now offered at Nova Scotia Institute of Technology and university level. Students from these programs receive practical experience on the Children's, Adolescent and Mentally Retarded Units.

Learning experience is provided for nursing students from the hospital and university Schools of Nursing. Elective experience is available for senior students.

Mandatory orientation classes are provided for all new staff members. Various learning opportunities, continuing education and programs are made available throughout the year to hospital staff.

Undergraduate patient contact and teaching are provided for second and fourth level medical students. There is one rotating intern in the hospital at all times.

Psychiatric resident doctors receive education and experience in psychiatry and family practice. There are a number of electives offered to graduate and post-graduate physicians in forensic, children, adolescent, and community psychiatry.

The Social Work Department has provided field placement for students from the Maritime School of Social Work since 1949.

The Dietary Department offered an internship for dietetic students until the phasing out of this program. It still offers affiliate training experience to dietetic students in the metro area. Other students one may frequently find in the Dietary

Department are affiliate trainees from the Nova Scotia Institute of Technology, Food Service Supervisor Course, work experience for students from the Dartmouth School System and Senior Students from the Nutrition Field from Mount Saint Vincent and Acadia University.

A six week training program in conjunction with the Institute of Pastoral Training is conducted for clergymen. Also available is a one year residency program in Pastoral Care.

There is a growing demand for staff of all disciplines to share knowledge and expertise with staff from other health care and community agencies.

Staff from each discipline provide consultation and educational services in the area of their own expertise.

It is anticipated that this demand will increase and the hospital will be required to provide more of these services.

COMMUNITY INVOLVEMENT AND SOCIALIZATION THROUGH THE YEARS

Dating back to the mid to late 1800's, historians have given token to the community involvement in the Nova Scotia Hospital. Lieutenant Governor Earl and Countess of Mulgrave were cited as being very involved in the facility, "Mount Hope", as it was known in 1859. During their frequent visits, they would provide entertainment for the patients by singing and playing the piano.

Around the same time, interested citizens were recorded to have made gifts to the hospital of money and magazines. Clergymen in the Dartmouth area of various denominations took turns conducting Sunday afternoon services for the patients.

There was a notation made on the Administrator's Annual Report in 1866 that an organ was donated by a generous Haligonian which was transported across Halifax Harbour by horse and sled.

During the following year, Hon. Hugh Bell, then Mayor of Halifax, donated his entire annual salary to the hospital and was said to have continued that support up until the time of his death. Many other citizens were also given honorable mention for their generous contributions of support around the same time.

1867 marked the beginnings of weekly dances for the patients, as socialization was, and still is, felt to be a mode of therapy for the mentally ill. This is a practice which still exists today with the aid of local service clubs.

In 1875, a congregation of medical professionals met at the hospital and were entertained at dinner. Representatives came from all Provinces and parts of the U.S.A. Even in the early days, the hospital was viewed by the medical profession as a progressive facility for the mentally ill, and thus it became one of the first accredited psychiatric facilities in Canada, and still is today.

In 1903 the Halifax Herald established a relationship with the hospital. This included sending 16 copies of the daily paper to the hospital, a service which is still enjoyed today. A newspaper is a simple means to provide community contact to patients who are at times feeling isolated in the hospital setting.

In 1915, the hospital gave an extended service to the community by taking in soldiers suffering from contagious diseases. Diphtheria was noted to be prevalent in those days, and many staff were said to have taken ill themselves.

In 1919, the first occupational therapy began at the hospital. Community volunteers assisted with this endeavour. Today the Volunteer Service of the hospital has grown proportionally - but there is always room for more interested persons. Patients today are no different from years ago. They may need companionship, assistance with locating living accommodations, stimulation through activities, or just someone to be there and to say "You're an okay person". Returning to the community is a hurdle that remains to be encountered, even after the illness is over. Volunteers make the community a more welcoming atmosphere to return to, and can ease the pain of transition.

Mr. H. R. Walker, Manager of the Classic Theatre in 1920, began supplying films for patients' use. Today this practice continues through the hospital Recreation Department and the National Film Board. Theatres in the area often donate passes for patient use, which aid in patient enjoyment and ultimate recovery.

In 1974, the hospital began the practice of the annual Christmas Sale. This annual event provides an opportunity for community and hospital to meet, and items made by patients are available for sale.

Through the years there have been sleigh rides for patients, horse and buggy rides and bus rides. The present mode of transportation for recreation for patients is via hospital bus, purchased through public donations.

Socialization has advanced to include activities at the hospital camp, situated at Otter Lake. This facility, which houses

thirty, was built by the Auxiliary in 1977, and is staffed throughout the summer months by various hospital disciplines.

This overview of the socialization of patients and community involvement over the years barely does justice. However, it does serve to point out that the community, as a whole, accepted the mentally ill person even back in the 1800's. Today the hospital still maintains much community support. This is essential for the recovery of any person, regardless of the nature of his illness, whether physical or emotional.

The staff and patients of the Nova Scotia Hospital wish to thank all citizens who have shared of themselves in any way over the past one hundred and twenty-five years. Without an accepting and helping community the hospital's task of returning people to society as healthy and productive human beings, would be impossible. The hospital doors are always open to interested citizens who may feel they have something to share. This 125th Anniversary aims to depict the theme "From Hope to Reality". It is hoped that this celebration will strengthen existing community ties and stimulate the growth of new ones.

THE TREATMENT SEGMENT

Before starting this segment of the History of the Nova Scotia Hospital on Patient Treatment, it is only fitting to give credit and thanks to our former Director of Nursing, Miss E.C. Purdy, R.N., for her fine contribution to the hospital by being the author of the "Nova Scotia Hospital History". She has made it possible to retrieve information on patient treatment(s) very easily. Much of the following information will be direct quotes from her work.

Time and space will not allow to go into patient treatments in depth for a period of 125 years; therefore, only the highlights will be explained and written at this time.

The first mention of any form of "treatment" was prior to December, 1858. Both occupation and recreation were recognized as agents of remedial importance. It was also mentioned that early admission to the hospital was a factor in the patient's recovery.

It appeared at this time the community played a large part in hospital activities. They donated a very large selection of books, money, a music stool, fruit and delicacies, magazines, took the patients on afternoon excursions on the harbour in the steamer "Neptune". The patients were also taken on carriage drives from time to time. In 1859 the male patients were occupied with farm work and gardening, and for the females, sewing, knitting and general household work. They were encouraged by small gratuities.

Being gainfully occupied was considered to be very beneficial for their treatment. From 1859 until 1878 it appeared that manual labour, walking about the grounds, and general amusement was the form of treatment used.

In 1878 Dr. DeWolfe recommended that there be special facilities for the care of the chronically insane, that there be some system of follow-up whereby convalescent patients can be kept under some supervision near their home and that the whole problem of supervision of jails, poor houses, asylums, etc., should be under Government supervision to insure that good conditions exist in these institutions. He recommended the "Cottage System" in which the patients would be maintained in small groups in home-like situations. Also recommended was that the Counties singly or with two or more associated, should erect cottages, or small asylums to accommodate from 50 to 100 inmates, not less than one to three miles from the village or town, with not less than an acre of good farming land to each of the estimated population. This apparently was the beginning the the County Home System in Nova Scotia.

In the year of 1885 was the first mention of drugs which were used for the treatment of mental illness. It was noted that it would not be expected that staff depend wholly on drugs to accomplish the effect which assisted in bringing about recovery. They were ever mindful of the paramount importance of fresh air, exercise, food and employment. Drugs were used as an adjunct only - regular administration of such medicines as bring about curative results by an indirect or constitutional action. The prescribed tonics used were Iron, Quinine, Strychnine and simple Bitters.

The year 1892 saw the beginning of the first Laboratory. This included a Thermostat, Hot Air Sterilizer, Steam Sterilizer, and other Bacteria Culture apparatus. The air on the wards did not indicate encouraging results. Crowded conditions led to the impurity of the air and something had to be done. It was found that a number of the patients had Tuberculosis, and this was causing concern, as there was no proper way of isolating these patients.

In 1893 the use of mechanical restraints as means of controlling violent and destructive patients had been practically abolished. It was felt that by extra attention on the part of the nurses, and interesting the patients in some other kind of work, would attain the end of what was considered unnecessary restraint.

Quoted under the "Changes" for 1893, "I have long thought that the systematic use of mechanical apparatus was injurious to the morale of the hospital. It changed the relationship which should exist between patient and nurse, and it tended to foster a

feeling with the latter that there were other means than tact, skill and attention available to counteract faults on the part of the former, and so led to the neglect of the cultivation of those qualities which constitute the special training of a nurse. I am not a bigot on the subject, and when an occasion arises in which I think the camisole or cuff a mode of treatment necessary, or better than intelligent watching, I shall use it." Also in this year, plans for a Nurses Training School were established.

In the years of 1900 - 1902 the Superintendent became quite concerned over the lack of treatment facilities which were being offered, and he questioned why it was any wonder that 55% of the patients coming to the hospital had remained insane, and it was not rather a marvel that so many had recovered under conditions so unfavourable. He stressed the need for a small admission building, planned very differently from the present hospital building into which a new patient could be received without being impressed with the weirdness and vastness of the formal ward, and without being at the very outset compelled to associate with others in various stages of mental degradation, and without being made to feel that he is but one of a vast community in which the share of attention he can receive is very much smaller than that which he feels his case demands.

"It does seem strange that as long ago as the very early 1900's that the philosophy then as now was plans for integrated wards".

From the early 1900's treatments did not show any great changes. Occupation and recreation remained the main treatment tools. The former Cornerstone Day developed into the patients' Field Day, which continued over many years.

In 1918 the hospital suffered an epidemic of influenza, and at one time there were over 100 cases. Tuberculosis remained in evidence.

In the year 1919 - 1920, the beginning of Vocational Therapy went into effect. This was started when the soldiers were housed in the Centre Building. In October, 1919, three trained aides were assigned for duty among the patients. This was the beginning of Occupational Therapy at the hospital.

During the month of December (1921 - 1922), it was reported that there was an epidemic of measles which started among the nurses which rapidly spread among the patients - 60 cases in all. In many cases teeth were found to be in an advanced stage of decay. Arrangements were made and teeth were filled by a Dental Surgeon. It was urged that staff have a non-resident parttime dentist.

From 1924 there had been no departure from the usual method of treatment. All patients on admission were examined as to their physical, as well as mental condition. It was felt at this time that an X-Ray should be installed so staff would be in a position to more efficiently study the body functions of those sent for care and treatment. This is a direct quote from the Superintendent's report:

"Mental Hospitals are in many instances only places of custodial care. The sooner mental hospitals are brought up to the standard of the General Hospitals, the better for humanity at large. It is every bit as important that those suffering from mental illness be given the same chance for proper treatment as those who suffer from physical disorders. The establishment of a dental service is a very essential need, and it is recommended that a parttime dental surgeon be appointed immediately".

In 1934, "Malarial Treatment" was introduced for the treatment of general paresis. It was considered to be much safer and more comfortable for the patient than the former way of treating this disease, which was the injection of typhoid vaccine.

The year of 1936 - 1937 was highlighted by a new treatment program, namely Insulin Therapy, and a unit was set up for this purpose. Insulin Coma treatment is a form of treatment in which insulin is injected in large enough doses to produce profound hypoglycemia (low blood sugar) resulting in deep coma. First used by Manfred Sakel in 1933. Infrequently used in Canada since the advent of tranquilizers. Subcome Insulin treatment is a form of treatment by the administration of insulin in which drowsiness or somnolence short of coma is produced. In the year of 1963 deep coma insulin therapy was discontinued at the Nova Scotia Hospital.

Another first for this year was an arrangement made with Dalhousie Medical School by which the Nova Scotia Hospital would share in the rotating internship of final year medical students.

In 1939 the hospital was designated as an Emergency Area in case of any local emergency, especially being under war conditions.

In 1942 E.C.T. (Electroconvulsive Treatment) was established as a form of treatment in the hospital. This treatment is the use of an electric current to produce unconsciousness and/or convulsive seizures. It is a most effective treatment in depressive reactions. It was introduced by Cerletti and Bini in 1938. This treatment is still in use today; however, its method of delivery has certainly improved, and much of the fear of this treatment has been eliminated.

In 1949 Electronarcosis was introduced as a form of therapy. (This treatment produced narcotic-like states); however, it was

considered as being unsuccessful and was discontinued.

Also in this year the first Pre-Frontal Lobotomy was performed by Dr. W. C. Stevenson - Neurosurgeon, at the Victoria General Hospital. During the year eleven patients had this surgery. (Lobotomy-Psychosurgery, the treatment of chronic, severe and intractable psychiatric disorders by surgical removal or interruption of certain areas or pathways in the brain, especially in the prefrontal lobes.)

In this year new equipment, such as a new X-Ray unit, an Inductotheram, O.R. equipment, and a complete Electroencephalogram unit was purchased and put into use.

From 1949 to 1951, Dr. Robert Weil was hired to do Group Psychotherapy two afternoons a week. Occupational Therapy was also expanded.

From late 1952 up to and including the present, the use of Largactil (Chlorpromazine) came into use. This drug was discovered some thirty years ago and has been one of the best medications yet found for its beneficial effects in the treatment of schizophrenia and other psychoses. Through the 50's, 60's, 70's and now in the 80's the tricyclic antidepressants, the MAOI's and the anxiolytic sedatives have given the mentally ill, their families, etc., new hope for recovery. Quoting from the "Psychotropic Medication Update" of January, 1981, written by Dr. P. Flynn, Susan L. Opie, B.Sc. Pharmacy and Joan Clancey, R.N.:

"The use of psychotropic medication has generated more hard data about the effectiveness of a therapeutic modality than had ever before existed in the field of psychiatry. This 'third psychiatric revolution' has had its shortcomings. As we began to use the medications over a period of several years, we became aware of serious long-term effects as well as their therapeutic usefulness. As drugs lose their magical qualities, we may more realistically assess their benefits, their hazards and their limitations. In the process, we may learn to better understand the biological substrates of behavioural states, feelings and emotions and how these may be influenced by drugs. But, we will also learn that drugs are not, and can never be, a total substitute for the interpersonal relationships and the social support systems upon which we all depend."

In 1958 the new South Unit Building was completed and opened, the 100th Anniversary of the Nova Scotia Hospital. From that time to the present day, the hospital services to the people of Nova Scotia has continued to grow and improve.

From the book, "Working With People Called Patients", by Milton M. Berger, M.D., the following quote appears quite appropriate:

"We've come a long way in our understanding of what causes disturbed thinking, feeling, perception and behaviours. And we've come a long way with techniques for crisis intervention and with the treatment approaches we now have available in the community as well as in hospitals.

It is absolutely necessary that we share and apply this knowledge which has medical, psychological and social aspects and applications.

There is hope for the mentally disabled if we reach toward them consistently and in a unified fashion with knowledge, with empathy, with sureness, with mutuality, and with a high level of interest and positive regard."

References

1. Berger, Milton M., M.D., Director of Education and Training, South Beach Psychiatric Centre, Staten Island, N.Y. Clinical Associate Professor of Psychiatry, Downstate Medical Centre, S.U.N.Y., Brooklyn.

"Working With People Called Patients"

2. Flynn, P., M.D., F.R.C.P. (C), F.A.C.P., Associate Professor of Psychiatry, Dalhousie University, Halifax, N. S.

Opie, Susan L., B.Sc. (Pharm.), Pharmacist, Nova Scotia Hospital, Dartmouth, N. S.

Clancey, Joan, R.N., Director of Staff Development, Nova Scotia Hospital, Dartmouth, N. S.

"Psychotropic Medication Update"

3. Purdy, E. C., R.N., Director of Nurses (Retired), Truro, N. S.

"Nova Scotia Hospital History"

Not one of us can truly visualize, in any great detail, the kind of life lived 125 years ago by the staff and patients of this hospital. Mount Hope, as it was then known, must have been quite isolated, at least by modern day standards. Travel to and from the hospital, even to local areas such as Halifax, would be long and arduous, particularly during the seasonal inclement weather. It is known that the staff generally lived within the hospital precincts or relatively nearby, of necessity, probably in the old sugar refinery houses. Because of these factors, the staff and patients were in close contact with each other at all times. Might this not be considered as a forerunner of the "Therapeutic Community Concept" expressed by the renowned Dr. Maxwell Jones almost a century later?

Given that food and shelter then, as now, were the basic requirements of life and one's expectations are only relative to the general conditions of the period in which we exist, did the patients in those early days really suffer undue hardship? Patient accommodations were certainly somewhat cramped but the method of heating, by forced hot air duct, is still extensively used nowadays in our homes. Incidentally, some of the equipment used for heating is still in place in the basement area of the original building (now the North Unit). Meals were augmented by fresh additive-free produce, including dairy products, meat and vegetables, raised and grown on the hospital farm. Perhaps it may have been somewhat lacking in variety but nevertheless was nutritious.

The treatment programs for patient were, of course, far less sophisticated and efficacious than those of the past three decades or so, consisting primarily of custodial care for extremely lengthy periods or life. In the absence of advanced chemotherapy or other modes of treatment, which were not developed until comparatively recently, physical restraint had to be used more often than at present. However, I cannot believe that iron shackles or chains, as so often depicted, were used extensively, except perhaps for violent patients during transportation to the hospital. Patients were more likely to be placed in seclusion cells during episodes but, contrary to what was public conception, they were not placed in "dungeons" in the basement. These "dungeons" were storage rooms or maintenance tunnels and, as far as I can ascertain, have always been used for similar purposes.

We would be remiss if we did not take this opportunity to pay tribute to our predecessors in the mental health field, particularly those employed at this hospital in the first century of its existence. They carried out their duties with dedication, under what must have been adverse working conditions, with such limited resources at their disposal.

During the past 25 years great strides forward have taken place in the field of psychiatric care, in general, and at this hospital in particular. Many new buildings have been provided, both for patient, staff and student accommodations, new modes of treatment have been developed, patients are allowed much more freedom of movement, male and female patients are no longer segregated, nursing units are no longer locked and the meal service provided is of a very high standard. However, the main asset of this hospital is still a truly dedicated staff, without which such progress would not have been possible. Hopefully, our successors in the years to come will show the same dedication and accept future challenges with the same spirit of cooperation as that displayed by our present staff. This cooperation is evidenced by the fact that this hospital, in 1970, was one of the first psychiatric facilities in Canada to be awarded top Accreditation status by the Canadian Council of Hospital Accreditation and, to the great credit of our staff, has attained this high standard in every survey since.

V. F. Simpson
Administrator

MEDICAL AND PSYCHIATRIC SERVICE

Many advances have occurred in the care and treatment of the mentally ill during the 125 years that the Nova Scotia Hospital has been in existence.

Prior to 1858, there were no psychiatric hospitals in this Province. The mentally ill were cared for at home by their families, resided in Poor Homes or were left to wander at large. At that time, a movement was underway to build asylums in North America in order to provide the mentally ill with a place of refuge where, through compassionate care, persons so affected could recover from mental illness. This asylum principle, well known at that time, has endured as an important adjunct to treatment today.

In this Province, the efforts of Dorothea Dix, an American philanthropist, and Dr. Hugh Bell, who was the Mayor of Halifax, convinced the government to erect the first building of this kind. It was built in a rural setting on a knoll of land across the harbour from Halifax and was named Mount Hope Asylum. The building was of brick and two stories high. The first floor was for male patients, and the second for females, and there were a few rooms included for the staff to reside. From these modest beginnings, the Nova Scotia Hospital developed.

Records show that a number of patients improved in this atmosphere of care, rest and the judicious use of work therapy on the hospital farm. It is further recorded that interested citizens and organized groups from the nearby community of Dartmouth would visit patients and accompany them on regular outings such as sleigh rides and walks. Over the years, the hospital grew with the addition of more buildings, but the treatment methods saw few changes until the 1940's when the use of electrotherapy became recognized as an effective treatment for depressions and some types of schizophrenia. A significant number of recoveries occurred and a greater number of patients were discharged to their homes.

In the next decade, we saw a further breakthrough in the development of new therapies when the major tranquilizers were discovered. Not only did these therapies bring about the recovery of many persons with schizophrenia, but calmed those with disturbed behaviour so that hospitals no longer needed to be locked. During this period, the Nova Scotia Hospital began to open its doors.

In the 1960's, the antidepressants and Lithium were added to our treatment armamentarium and still more patients benefited. This decade also saw the beginning of special treatment services at the hospital. In 1965, the Superintendent's Residence was converted to our Children's Unit - MacKay House, which was replaced 10 years later with the MacKay Children's Unit. The Psychogeriatric and Adolescent Units and a treatment program for Alcoholism

were initiated during that time as well. Finally, we began to provide an organized follow-up treatment program for discharged patients in a designated Out-Patient Department.

In the 1970's, the Forensic Unit was established as a separate unit with staff especially trained to provide high-quality service to the Mentally Ill Offender of the Province. Our Out-Patient Department was reorganized to become a Community Mental Health Service with satellites, which stressed continuity of care and comprehensive services.

Over this period, there was a shift of emphasis from In-Patient Care to Community Treatment which allowed a reduction of our in-patient beds from 595 to 394. In 1981, the Day Hospital was opened to provide an alternative to in-patient care for many patients.

Concurrently, our staff members have increased and their training upgraded in order to provide the most up-to-date treatment methods. The organization of our professional staff into clinical teams has allowed the most effective use of each discipline's unique abilities in the treatment of patients.

And yet, with these rapid strides, the asylum principle remains an integral part of the treatment of patients. The Nova Scotia Hospital continues as a haven of rest where recovery can take place in an atmosphere of compassionate care, where the dignity of the individual is held high and where the most effective treatment methods lend to the recovery of the mentally ill in Nova Scotia.

H. P. Poulos, M.D., C.M.
Medical Director

..... TO

REALITY

DARTMOUTH MENTAL HEALTH CENTRE AND COMMUNITY SERVICES

The Dartmouth Mental Health Centre is located on the main floor of the Nurses' Residence on the grounds of the Nova Scotia Hospital. It is an integral part of the service of the hospital with the aim of providing comprehensive psychiatric care to the population of its catchment area.

The Centre provides psychiatric out-patient services to persons residing in the City of Dartmouth and is the center of administrative services to the satellite clinics in the eastern half of Halifax County, which are located at the Sheet Harbour General Hospital, Twin Oaks General Hospital in Musquodoboit Harbour and at the Cobequid Multi-Service Centre in the Bedford-Sackville area.

The services are available to adults who live in Dartmouth and Halifax County, east of the Truro highway. The staff are prepared to assess people for any type of psychiatric problem and to provide treatment or advice and referral to an appropriate treatment source. Their first responsibility is to people subject to mental illness. Every effort is made to manage acute episodes at home, prevent relapses, put the patients in touch with helping agencies in the community for their financial and housing needs, and, with the assistance of agencies in the community, train or retrain them in life skills, then, as required, proceed to occupational rehabilitation. Another group of people who are considered a special responsibility are those with multiple problems for whose case management a team approach is also essential.

Patients are referred from the Nova Scotia Hospital In-Patient Services, physicians in the community, social agencies, the legal system, the clergy and about 25% of our patients refer themselves.

DAY HOSPITAL

On this 125th Anniversary of the Nova Scotia Hospital it seems fitting to hear from the youngest member of the hospital family. The Day Hospital opened its doors on January 15, 1981, and has served over 200 patients since that date.

Day Hospital fills a vital gap in psychiatric services, in that patients are not here 24 hours a day as they are in the hospital, and they receive more care than can be provided by the Mental Health Clinic in 1 - 2 hours a week. There is a significant saving in social cost alone to the patient who attends the Day Hospital Program. There is less likelihood of being labeled as one who is incapable. After all, the patients here assume a

lot of responsibility for their own care, including medication, transportation, decision making, and helping design and monitor their own program. Because they go home at night, there is less loss of role and function within their living setting and no re-entry problem.

Our patients come to us from the community, the Mental Health Clinic and from the In-Patient Services of the hospital. The multidisciplinary team at Day Hospital feel there is an untapped patient potential out in the community who would benefit from the program we offer. One of our objectives for this year is to inform the community of this service.

The basic components of the program are individual counselling and group therapies. Each patient is assigned a prime therapist who coordinates their treatment and is responsible for one-to-one counselling. Groups are scheduled on a regular basis and usually there are two each morning, preceded by an exercise class. Every afternoon, except on Wednesday, there are two more group sessions. Wednesday afternoon is left free so that the patients may keep any outside appointments they have made. Other therapies may be added depending on the individual need. These include Chemotherapy, E.C.T., family therapy, nutritional counselling, etc.

For most of the two years we have enjoyed a full capacity of patients with a waiting list of 3 - 10 people. Occasionally our census has been low, but this never seems to last too long. The content of our program has basically remained the same over the two years, and we are encouraged by the increased self-responsibility and use of coping techniques demonstrated by our former patients. That is not to say we have always been successful; we have had a number of readmissions and admitted some to in-patient services over the two years.

"WE'RE SISTERS!"

"You aren't going to waste another Friday night with that strange friend of yours, are you?" asked Joanne as Betty came into their small apartment kitchen.

"I am; and I wish you would stop referring to Sarah as being strange!" replied Betty.

"Tell me," said Joanne as she began peeling potatoes, "What do you see in Sarah? She's plain looking, doesn't dress properly and never has anything to say".

"Well," Betty began, "Sarah has just moved out of 'Transition House' into her very own bachelor apartment, and she needs a friend to help her cope with her new status of being on her own again".

"What's so great about being on her own? Doesn't she have a family to help her? and what is 'Transition House'?" Joanne demanded to know.

"Transition House is a home where people who have been in mental hospitals go when they are well enough to enter society again. Special people who have been in hospital any number of years need to learn the basic life skills to help them readjust to our ever-changing world", answered Betty.

"I still don't see why it has to be Friday. We used to have such fun going out and having a good time," complained Joanne.

"Listen and I'll try and explain", said Betty. "Sarah has no family and right now the world is a big, bustling, noisy place for her. She has been in a safe and secure environment for the last five years. She is very unsure of her capabilities, and she needs a friend to help her adjust. The Mental Health Centre counsels and helps also. I chose to be a friend to Sarah and I also offered my help to her and Friday is the one night she has no special place to go. She will be arriving here at 7:00 to pick me up, and we're going shopping for some new clothes and a new hairdo," said Betty. "Please be kind Jo," she begged.

"Oh, alright," said Joanne, "but I still think you are becoming too involved," warned Joanne.

Just as Joanne finished speaking the buzzer sounded, and Betty opened the door and Sarah smiled as Betty invited her in.

"My, your apartment is pretty," Sarah said as she looked around eagerly while Betty opened the closet and put her coat on.

"Ready Sarah?" asked Betty, picking up her purse.

"Yes, let's go" said Sarah, putting her arm around Betty. "You know what Betty?" queried Sarah, "You and me, we're just like sisters, aren't we?" "We certainly are"replied Betty, as they closed the apartment door behind them.

Susan McNulty

NORTH UNIT

North End	Centre Section	South End
1st Floor:		
Housekeeping Offices	Switchboard	M.D.D.C.
Physicians Offices	Information Desk	Vacated Units
Linen Distrib. Area	Canteen	
Lounge Area	Administration Offices	
Examination Room	Physicians Offices	
N-12 Retardate Unit	Social Service Offices	
2nd Floor:		
N-16 (Adult Psychiatric N-17 Units)	Nursing Conference Room Administrative Assistant Director of Nursing Office Clothing Office Public Health Nurse	
3rd Floor:		
	O.T. Department Chapel	
4th Floor:		
	Hairdresser Volunteer Services Apparel Shop Chaplains Offices	

PRINCESS ALEXANDRA UNIT

Adolescent Unit

MACKAY UNIT

Children's Unit

MARSHALL TREATMENT CENTRE (YOUTH SERVICES)

Basement Level:	
	Classrooms O.T. Department
Main Floor:	
	Conference Room Nursing Administration Office Physicians Offices Social Service Offices Psychology Offices Teaching Offices O. T. Office Information N. S. Hearing & Speech Clinic, Dartmouth Branch

SOUTH UNIT

	North End	Centre Section	South End
Basement:			
	Housekeeping Offices Pharmacy O.T. Department Security Hairdresser Clothing Office Library	Canteen Admitting and Waiting Room Social Service Administrative Assistant's Office O.T. Offices (Work Placement) Telephone Equipment and Storage Area	Library O.T. Department Escort Department Morgue Barber Nursing Administration Office Social Services Offices Classroom Area Designated Storage of Video-Tape Equipment
1st Floor:			
	Unit N-1 Adult General Psychiatric Unit	Nursing Administration Offices Administration Offices Waiting Room Information Desk Post Office Medical Records Department Conference Room Physicians Offices Steno Pool	Unit S-1 Adult General Psychiatric Unit
2nd Floor:			
	Unit N-2 Psychogeriatric Unit	E.E.G. E.K.G. Lab C.S.R. Operating Room Physicians Offices X-Ray Department	Unit S-2 Adult General Psychiatric Unit
3rd Floor:			
	Unit N-3 Extended Care	Unit C-3 Infirmary Unit Staff Lounge C.S.R. Office and Storage	Unit S-3 Adult General Psychiatric Unit

SOUTH UNIT

North End	Centre Section	South End
4th Floor:		
Unit N-4 Adult General Psychiatric Unit (Catchment Area)	Doctors Duty Apartment E.C.T. Department	Unit S-4 Adult General Psychiatric Unit
5th Floor:		
	Forensic Unit	

NURSES RESIDENCE

Basement Level:	Classrooms Library Duty Room & Residential Quarters for Medical Interns and House Physicians
2nd Floor Ground Level:	Dartmouth Mental Health Unit and Offices Day Hospital Nursing Education Administration Offices Information Desk Security Department
3rd Floor:	Physicians' Offices for Community Services Staff Development Offices Dental Suite Nursing Staffing Office Residential Quarters for Medical Interns and House Physicians Chaplain's Office Psychology Occupational Health Offices for Day Hospital Staff
4th Floor:	Fire and Safety Office New Main Lounge for Students Floor retained for visitors and patient's relatives (overnight accommodation) Housekeeping Office Nursing Education
5th Floor:	Residential Quarters
6th Floor:	Residential Quarters
7th Floor:	Residential Quarters

CENTRAL SERVICE BUILDING

Basement Level:

- Pool
- Recreation Offices
- Staff Lounge Area
- Main Stores
- Bulk Pharmacy Stores and Offices
- Dietary Stores
- Central Printing
- Accounting
- Computer
- Purchase Order Clerk

Main Floor:

- Cafeteria
- Cafeteria Conference Room
- Dietary Department
- Kitchen
- Auditorium/Gymnasium
- Recreation Room
- Information Desk
- Patients' Lounge Area

BOILER HOUSE/LAUNDRY BUILDING

Lower Level:

- Central Laundry
- Boiler Plant

Upper Level:

- Maintenance Department
- Linen Room
- Maintenance Offices
- Central Laundry Offices
- Vehicle Garage

ACCOUNTING - DATA PROCESSING

The hospital Accounting and Data Processing Department is located on the basement floor of the Central Service Building.

The Department is responsible for the timely and accurate recording of all transactions relating to revenue and expenditures of the hospital and reporting the results of operations to departmental managers, hospital management and the Provincial Department of Health. Based on the information provided by these reports, all levels of management can use this information for allocating financial resources, as well as controlling expenditures and planning for future requirements.

The Accounting Department is responsible for the annual preparation of the hospital budget for submission to the Department of Health. Over the past year the hospital has implemented a new "Integrated Planning and Budgeting" system. This was initiated by the Provincial Management Board as a pilot project with the hope of implementing the system in all provincial hospitals in the future. This system has given departmental managers greater input into the development of their individual budgets; also they were required to request their funding for the 1983/84 fiscal year based on programs and levels of service. This system has given departmental managers a much broader view of the total hospital operation and objectives, rather than just their specific departments, and has also provided the Board of Management with much greater detail as to specific departmental operations for them to use in their budget analysis prior to approving the budget for submission to the Department of Health.

Other responsibilities of the Accounting Department include the following:

Maintenance of a patients Trust Fund - All cash and valuables are held for safekeeping during the patient's stay in hospital, as well as the administration of patients' Old Age Pension, Welfare cheques, etc., for which the hospital is made trustee during the patient's stay. Patients may make withdrawals from their accounts as required for the purchase of comforts, i.e. cigarettes, etc.

The design, implementation and maintenance of internal control procedures to safeguard the assets of the hospital, i.e.: inventories of stock on hand, capital equipment, etc.

Maintenance of accounting systems for two ancillary operations of the hospital, being, 1) the Central Laundry from which we provide full laundry and linen services to twelve member hospitals. 2) Drug Distribution Program where drugs are purchased in bulk and redistributed to over 100 hospitals, clinics

and other government agencies, thus giving the smaller hospitals the price advantage of bulk purchasing.

ADMITTING DEPARTMENT

Admission of patients to the Nova Scotia Psychiatric Hospital begins in the Admitting Department, which is situated on the lower floor of the South Unit. Here necessary forms are made out, and patients are assessed medically by a physician before being transferred to the various units of the hospital, to Day Care or to the Day Hospital.

Patients who are to be admitted to the hospital are first seen in their own communities by their family physicians, treating psychiatrists (private or Mental Health Center), or by Judges of Provincial Courts; then bookings are made on an urgent, semi-urgent or non-urgent basis.

A physician is on duty at all times to receive admission calls and to screen, by examination, each patient on arrival at the Admitting Department of the hospital. A medical and mental assessment is made on each patient before sending them to their prescribed unit, and initial therapy is ordered. A further, more thorough, assessment is performed on the patients after arrival on the units. A similar assessment is done on those being admitted to Day Care and Day Hospital, the other integral parts of patient care.

The initial patient registration is done by fulltime clerk-typists, and assisted by nursing staff. Very important information is gathered and recorded, such as, previous hospital admissions, names and addresses of nearest relatives or next-of-kin, lists of medications, and any other pertinent information which can aid in patient therapy while in hospital. By having family member names, it is often possible to get patient information which can be critical to patient therapy, and assist greatly in recovery of the patient. Also, if there is any change in the health of the patient, relatives can be notified readily.

Nursing staff is available on a 24-hour basis to assist during the examination of the patient and to comfort the patient and relatives during a time of stress. They are also prepared to assist in emergencies, such as with an injured or critically ill patient.

The admitting staff is also responsible for the proper recording of valuables, clothing, etc., which patients bring with them. Three clothing clerks are also on staff to mark and list

articles of clothing, and also to arrange for storage until required by the patient. The more valuable articles, e.g. money, jewellery, are recorded, receipts are given to the patients or relatives, and then are placed in the Trust Fund "Bank" until required by the patient or on discharge.

Often the Admitting Department is the first place of contact for most patients and, as such, it is essential that patient care be stressed here, for the initial impression of the hospital that a patient gets may affect his or her speed of recovery as an in-patient.

ANCILLARY SERVICES FOR PATIENTS

Barber Shop:

The barber shop, located on the basement level of the South Unit, caters to the barbering needs of all male patients in the hospital, as well as day care patients. Once every second week the barber goes to the nursing units to attend to those patients who cannot come to the shop. Patients are free to come into the shop without appointment, and haircuts are done on an average of ten to fifteen per day.

Beauty Shops:

There are two hospital beauty shops in fulltime operation Monday to Friday from 8:00 A.M. to 4:00 P.M., one located on the basement floor of the South Unit, the other on the 4th floor of the North Unit. Shampoos, cuts and sets are offered to all female patients free of charge, permanents are given at a reasonable cost to the patient, and hair coloring is done if the color is supplied by the client. For those patients who are unable to attend the shop, services are offered on the unit. This mainly applies to the geriatric unit, but occasionally it is necessary that the hairdresser go to one of the other units. In order that everyone has an opportunity to attend the beauty shop, each nursing unit is allotted a day for their patients.

Another important service offered by this department is a work placement program, whereby a patient who feels she may be interested in this type of work may be placed with the hairdresser over a period of time prior to discharge.

Canteens:

Canteens are operated by the C.N.I.B. in the North and South Units of the hospital. The South Unit canteen offers services from 7:00 A.M. to 8:30 P.M. Monday to Friday and from 8:00 A.M. to 4:00 P.M.

on Saturdays, Sundays and Holidays. The North Unit canteen is open from 8:00 A.M. to 4:00 P.M. Monday to Friday. A large assortment of cigarettes, candy, ice cream, soft drinks and other items are kept in stock to meet the day-to-day requirements of patients and staff.

Two daily newspapers, the Chronicle Herald and the Mail Star, and the weekly issue of Dartmouth This Week are also available.

Clothing Office:

Two Clothing Offices located in the North and South Units of the hospital complex serve their respective patient population. The responsibility of this department is to pick up patients' belongings from the Admission Office, sort, list and tag same and send to the appropriate nursing unit. All articles are listed and a record kept for a period of twelve months. Staff are on duty every day, including weekends and holidays, with the exception of Christmas and New Year's Day.

Luggage and items which are not permitted on the units are kept in storage by this department until patients are discharged. Maintaining efficient records of belongings is an important function of this department, so that items are easily accessible upon request.

A work training program is available to patients through this department.

CENTRAL LAUNDRY LINEN SERVICE

Behind this project is a story of cooperation between the Nova Scotia Hospital, other hospitals in the Province, the Department of Health and the Department of Public Works.

The Nova Scotia Hospital's present in-plant laundry commenced operations in November, 1956. During 1970 several enquiries were made to the then N.S.H.S.I.C. regarding the possibility of having their laundry processed by the Nova Scotia Hospital laundry. This was agreed by the N.S.H.S.I.C. following many meetings relative to costs, etc.

Because the laundry plant was not set up for a true central laundry system, it was necessary to process each agency's laundry separately. As the number of participating institutions increased, to a total of 9 by 1974, it became apparent that difficulties were being experienced, which could only be solved by the establishment of a total Central Laundry and Linen Service. The N.S.H.S.I.C. concurred.

The planning of this project commenced in 1974, at which time other hospitals were encouraged to participate in the system. Meetings were held between representatives of the N.S.H.S.I.C., the Department of Public Works and the Nova Scotia Hospital, and a proposal was sought from a Research and Productivity Council who utilized the services of a laundry consultant, Mr. Nagata. This proposal also indicated that a "shut down" period would be necessary. This was unacceptable and, incidentally, far too expensive. The Department of Public Works, therefore, sought alternative proposals from McGraw Edison and also Maritime Equipment. The McGraw Edison proposal indicated no shut down of operation as being necessary during renovations.

A meeting of interested parties was, therefore, held in November, 1974, at which time the project was reviewed. A Steering Committee and also a Linen Standards Committee were appointed. These committees met, as required, and in early 1975 the finalized linen catalogue (excluding special linen) was distributed to all interested parties.

In December, 1974 the N.S.H.S.I.C. gave approval in principle to the expansion of the laundry system, including additional equipment and a 70' x 70' building expansion to the present laundry. After several meetings and delays due primarily to financial reasons, construction of the addition to the building commenced in August, 1977. Equipment tenders were called, and the one received from McGraw Edison was accepted. It is hoped, therefore, that the Central Laundry and Linen Service will be ready to commence operation by March, 1978.

At the present time slightly over 4 million pounds of laundry are being processed. It is anticipated that within three years the volume will increase to 8 million pounds and, some time thereafter, to 12 million pounds.

The whole concept behind the Central Laundry Linen Service is to supply the highest hospital quality linen service at the most economical level. While the ability to process laundry at a low cost per pound is one of the prime reasons behind the operation, member institutions receive other benefits. In the day to day operation of each member hospital, the service provides cost and operation savings, a few of which are listed below:

Pick up and delivery service.
Centralized buying of linen means lower cost for each institution's requirements through volume discounts.
All replacements of lost and worn linen are made by C.L.L.S.
Administrative costs are less - C.L.L.S. bills each member monthly.

Hospital administration staff no longer have to budget for and handle linen buying, letting contracts, or purchasing and repairing laundry equipment.
Consultant service with any addition or change in linen demand.

The design and work flow of linens entering and leaving the laundry ensures the user of good infection control.

DENTAL CLINIC SERVICES

Up until the 1960's dental service at the Nova Scotia Hospital was provided on a very limited basis. The patient was transported outside of the hospital to a dental office in either Halifax or Dartmouth. Around the middle of the 1960's a very small dental office, housing two second-hand dental units that were both approximately forty years old, was established in the North Unit.

Neither of these units functioned very well, and, as a result, only emergency dentistry could be offered. Emergency dentistry consisted mainly of extractions and denture adjustments.

Early in 1973 plans were put forward with a view to establishing a modern dental unit with up-to-date equipment in a larger and brighter area on the same floor of the North Unit. With the completion of this new dental clinic in April of 1974, all phases of dental treatment could now be offered to the patients. Dentistry was no longer limited to only its emergency aspect, and the new emphasis was on the preventative and restorative sciences.

In addition to emergency treatment, the new clinic offered restorative care, endodontia, prosthodontics, limited periodontics, interceptive orthodontics, oral hygiene and oral health instruction. This was made possible in part because of the new equipment, but also because the clinic was now staffed by qualified dentists, a certified dental hygienist and a certified dental assistant.

In April of 1980, the present dental clinic was established on the third floor of the Nurses' Residence in larger quarters. Patients no longer have to wait in the hallway as in former times, as we now have our own waiting room within the clinic complex. A larger and better equipped dental operatory, a sterilizing room and a separate leaded-wall X-Ray room and a private office for the principal dentist for consultation.

With this record of growth and improvement, the Nova Scotia Hospital, on its one-hundred and twenty-fifth anniversary, contains

a dental clinic with first class facilities offering the best in modern dental treatment.

DIAGNOSTIC SERVICES

As technology advanced in the field of medical diagnostic tools, this hospital, when appropriate to the needs of our patients, established such services as a Laboratory (1935), Radiology Department, later to include Electrocardiography (1929) and Electroencephalography (1949).

In the early years, because of the lack of technicians in these fields, Registered Nurses were trained and seconded from Nursing to operate these services. Trained Registered Technicians were employed as they became more available. Consultants in each of these specialties were also appointed. Because of the increased demand, Electrocardiography (which was originally carried out by the X-Ray Department) was established as a separate department in 1971.

The more complicated X-Ray and laboratory tests or examinations required for our patients are referred to the Victoria General Hospital or the Halifax Infirmary. Thus, an entire range of diagnostic services are readily available to our patients, as and when required.

The Medical Laboratory first began at the Nova Scotia Hospital in 1935 when Medical Service was coming into its own. Knowledge in the fields of Biochemistry, Bacteriology, Hematology and Serology was somewhat limited. The diagnosis, prognosis and treatment of disease by laboratory means was very limited. The space provided for the new laboratory was a small room on the first floor of the building more recently known as the Centre Building, which has since been demolished. In its first year of operation a total of 1,030 tests were performed by a Registered Nurse. Presently, the laboratory staff performs 28,000 tests yearly, as well as referring out 18,000 to the Reference Laboratory.

The Medical Laboratory, with its very definite role in assisting physicians with their diagnostic management of patients, has, through the years, endeavored to keep pace with the many changes in routine and complex test procedures and equipment.

Patients, on admission and during their hospitalization, have complete physical check-ups, which include a variety of laboratory tests and other diagnostic examinations. Such diagnostic services are available, as well, to out-patients, after care, Day Hospital, Mental Health Clinic and staff. Many electroencephalography

examinations are carried out on patients referred by physicians in the community.

As our workload continues to grow in volume and complexity, the diagnostic services staff will strive for advanced technological contributions, thus helping physicians provide excellence in patient care.

DIETARY SERVICES

The presentation of hearty soups, crunchy salad bar, delectable entrees, eye appealing desserts and the delightful aroma of perking coffee takes the talents and efforts of 100 staff members.

Planning menus for 1700 meals a day, ordering and storing food, developing recipes, service trays and washing dishes are just some of the jobs involved in preparing attractive, well-balanced meals for patients during their hospitalization.

The Nova Scotia Hospital has three types of food service. Our staff, and patients who are able, come to the cafeteria to eat in the pleasant "Marine Watch" with its spectacular view of the harbour. The menu here offers a variety of menu items from which patrons may select. For other patients, after choices have been made from a selective menu, trays are then assembled on a conveyor belt and delivered to dining rooms on the units in specially designed dishes and carts to maintain proper temperatures. In other units, such as the Children's Units, menu items are provided in bulk and served in a home style setting.

In addition to service to patients and staff, catering to special occasions and group meetings keep our cafeteria and production staff busy. Theme meals such as an "Italian Special" are offered to both patients and staff.

Lunches are packed for patients who attend school or work outside the hospital.

Food is prepared for special outings such as ward picnics and bar-b-ques. One of our staff members prepares meals at Camp Victoria during the summer months.

On special holidays, such as Christmas and Easter, an attempt is made to make the patient's stay as pleasant as possible by provision of traditional meals and favors.

Cakes are baked especially for birthdays and special occasions,

such as Valentine's Day.

Our department provides opportunity for some patients to receive work experience which helps build confidence in being able to handle jobs outside the hospital.

Therapeutic diets are prescribed by the physician to deal with particular diseases or conditions, such as diabetes, gastritis, heart disease or gall gladder problems. An average of 80 patients receive special diet trays or special between meal supplements with consideration to the individual needs of the person. Patients and their families are given counselling in how to follow the diet after discharge from hospital. Often they have problems with budgeting, recipes, where to buy special foods, what to choose in a restaurant, etc.

Regular lectures are given by a therapeutic dietitian to groups requesting information on normal nutrition or nutrition as it relates to some specific condition such as alcoholism.

Several student groups receive part of their training in our department. We teach dietetic interns, university students, and food supervisor students, all who must learn institutional management and diet therapy.

Our management team in the department plan and coordinate the activities, train staff and balance the budget.

FIRE, SAFETY AND SECURITY SERVICES

The Fire Safety Officer is responsible to the hospital administration to ensure fire safety and fire prevention measures are taken in all areas of the hospital, at all times, to provide for the safety of patients, visitors and staff. He makes periodic inspections of all areas of the hospital and tests all equipment as related to fire safety, not only as a preventative measure, but also to gain the cooperation of all hospital personnel on matters of fire and other safety precautions. He reports all potential hazards to the appropriate authority for action.

The Fire Safety Officer maintains close contact with the Office of the Provincial Fire Marshal, Dartmouth Fire Department, our insurance underwriters and arranges regular inspections and tours of the hospital with them. He prepares reports recommending corrective action required, working closely with the hospital maintenance department, organizes and monitors fire drills for patients and staff on all shifts. He conducts orientation classes,

both through lectures and demonstrations, in the use of fire fighting equipment, fire regulations and evacuation plans. He also investigates and makes reports on all incidents related to fire and safety, provides reports on these to administration, and where appropriate, the Provincial Fire Marshal.

Security Services are purchased under contract from an outside agency, All security personnel are given orientation on the particular security needs of the hospital. Their duties are many and varied, manning the hospital with security personnel covering 24 hours a day. Duties include constant patrol of the hospital precincts, checking the security of the premises at all times, controlling parking lots and enforcement of posted traffic regulations, manning reception desk of the Central Service Building and providing security duties to the Nurses' Residence. They also assist and have stipulated duties to perform in all emergencies related to fire or other disasters, give aid to staff members in the control of patients, both in general areas and on the hospital grounds, on request. Another important aspect of their duties is to direct visitors to the appropriate areas of the hospital and to ensure that known undesirable persons do not gain access to hospital premises or grounds.

HOUSEKEEPING SERVICES

Housekeeping Service at the Nova Scotia Hospital is an integral part of this institution's daily operation.

Its purpose is to maintain clean, sanitary, orderly and attractive conditions, to provide a suitable environment for the care of the patients, staff and public.

This service covers seven separate buildings within the hospital complex; namely - Nurses' Residence, South and North Units, Central Service Building, Marshall Treatment Centre, Princess Alexandra and MacKay Units, each of the above having unit supervisors, as being responsible for the coordination and general supervision of the day to day activities.

The Chief Housekeeper establishes and maintains regularly scheduled cleaning procedures in accordance with the policies of the hospital.

The function of this department does go beyond its initial purposes. It is responsible for the coordination of Student Nurses moving in and out of the Nurses' Residence, facilitating maintenance repairs, appliance repairs, reporting of unsafe conditions, selection

of draperies, distribution control and repair of same, arranging for furniture removal and relocation, requisitioning and controlling new or replacement supplies and equipment, preparation or recording of relevant information and statistics.

Throughout the years, this department has experienced numerous changes ranging from new techniques to modern equipment.

This department requires constant attention in demonstrating new methods, techniques and equipment, enabling us to provide the suitable environment for all patients and staff.

MAINTENANCE SERVICES

In the earlier years of its existence, the buildings on the hospital complex consisted of the North Unit, also separate buildings to house stores and business offices and male staff accommodation, a laundry/maintenance building, boiler house and the houses of two senior staff. A further unit, known as the Centre Building (now demolished), was added just prior to World War I. No further buildings were erected until our centennial year, 1958, when the South Unit was built, followed a few years later by a Nurses' Residence and, within the past 15 years, by the addition of three bungalow-type buildings for Youth Services and the Central Services Building, the erection of which allowed for the demolition of a wing of the North Unit which previously housed the Dietary Service and patient recreation hall.

These latest changes have naturally required a complete revamping of staff and the maintenance services required. The department is now organized into four sections, namely, Planned Maintenance, Preventive Maintenance, Motor Vehicles and Plant Operation.

The work carried out as planned maintenance entails painting, carpentry, upholstery, repairs to equipment, buildings, carried out on a work order or scheduled plan.

Grounds maintenance is under the direction of a qualified gardener. The staff to tend and cultivate our many acres of lawn, flower beds and innumerable trees consists of the Head Gardener and one assistant, with the addition of three employees for the summer months only. All flowers are grown from seeds or bulbs in a small, heated rooftop hothouse and another larger greenhouse or cold frames, and, when planted out in the flower beds, do much to enhance the beauty of the hospital complex.

Preventive maintenance, as the name indicates, has the responsibility of monitoring all utility services and equipment and ensuring they are functioning normally at all times, taking corrective emergency measures wherever possible. In the event of major malfunctions or breakdowns, they are charged with the responsibility of shutting down such equipment and reporting the problem immediately to the Maintenance Manager or his delegate. The preventive maintenance section mans the hospital complex buildings around the clock, carrying out scheduled rounds of all areas and answers calls for maintenance assistance as and when required.

The operating plant section is also manned at all times and is responsible for the operation of a high pressure boiler system, also the related steam and water lines. The oil fired plant has the potential generating capacity of 152 thousand pounds of steam per hour, supplying steam not only to this hospital and the Central Laundry, but also the Dartmouth General Hospital.

The motor vehicle service provides all trucking requirements of the complex, including garbage pickup and disposal and a station wagon service for the transport of patients to other hospitals or specialists for appointments and all other external messenger services as required. Also, a 32-seater bus is operated to convey patients to outside recreational activities.

MEDICAL RECORDS SERVICE

Medical Record keeping at the Nova Scotia Hospital dates back to when the first patient was admitted on December 26, 1858.

At this time there were 70 admissions annually, 86 admissions in 1868, 94 admissions in 1890, peaking to 3,896 admissions in 1974, to the present time when admissions for 1982 were 2,214. Our present location provides for storage of approximately 8 years of records, but one filing cabinet, 22" x 28" x 30" can store 10 years of records on microfilm. One microfilm jacket 4" x 6" stores 60 documents.

The Medical Records Department is an efficient unit integrating with the system of the entire hospital. The medical records are completed and filed in an acceptable manner so to be readily available for purposes for which they are intended, all the while ensuring that confidentiality of the records is maintained. This department is also responsible for providing statistical information on a regular basis.

The patient's record begins in the Admitting Department and from there goes with the patient to the appropriate unit where the course of the illness and treatment methods are recorded on a regular basis. Upon discharge, the records are sent to the Medical Records Department where they are assembled, analyzed and coded by qualified Health Record personnel.

The Health Record Administrator ensures that legal requirements of recording are met, according to the Nova Scotia Hospital Act and the Canadian Hospital Association. She must represent the hospital in court when medical records have been subpoenaed. After completion by the appropriate therapists, the medical records are filed until required.

Medical Records serve many purposes. As well as reflecting the quality of care given the patient, they are useful in planning and evaluating treatment methods; they provide a means of communication between the physician and professionals who manage patient care; they assist in protecting the legal interests of the patient, the hospital, and the staff.

MOTIVATIONAL SERVICES

OCCUPATIONAL THERAPY SERVICE

Occupational Therapy is one component of the treatment provided at the Nova Scotia Hospital. The thrust of our treatment programs is to consider the whole person and what the roles of individuals are in their daily life. By assessing how independent functioning in those roles has been hampered and by identifying what assets each individual portrays, we design individualized treatment programs to assist people in using their own assets and strengths to overcome their areas of difficulty.

In describing the philosophical concept behind occupational therapy, the wise saying "You can give a man a fish and feed him for a day or teach him how to fish and feed him for a lifetime" comes to mind.

Various activities are utilized in assessment and treatment, each selected in terms of the needs of the individual involved. Independent life skills, vocational counselling and skills training and developmental play therapy are some examples of the media used for assessment and treatment.

Occupational therapists and occupational therapy assistants are contributing members of the treatment teams in each of the following areas: Eight general adult units, seven specialized units,

vocational services and Day Hospital.

People are continuously growing as they emerge through progressive steps of change. The steps follow a developmental continum upon which we ride from conception until death. It is important then to identify the developmental level at which each individual's life is focused before attempting to assist them with any change. For if one is asked to run before they crawl, we surely design an experience doomed to produce failure.

By combining astute observations with the ability to adapt environments and activities to be therapeutic, occupational therapy attempts to guide people along their developmental continum so that they may grow toward independent living through graduated success experiences.

RECREATION SERVICE

The Recreation Service is the other section of the Department of Motivational Therapy and operates out of the Central Services Building, supplying a wide variety of patient programs.

There are two basic types of programs offered: General and Specialized. The General programs are developed by the service as a whole to enable patients to sample different types of activity in a health environment. These include activities such as bowling, skating, swimming, dances, movies and a variety of sports events.

The Specialized programs are offered through the program staff, who are each assigned specific units. The staff work in conjunction with the clinical team in developing programs specific to the needs of that patient group. These programs include developmental gym/swim programs for the specialized units, on-unit activities, outings and special events.

The service also maintains contact with community agencies which supply leisure oriented programs and events in order to enable patients to attend both while hospitalized and after discharge.

During the summer months leadership is provided in the operation of a residential camp at Lake Echo. Camp Victoria has been operating for seven years as an extension of patient treatment offering a variety of therapeutic programs for patients while they participate in a residential camping experience.

NURSING EDUCATION SERVICE

Nursing Education has been an integral part of the Nova Scotia Hospital since the first students were enrolled to the School of Nursing in 1894.

At present, the education courses offered all specialize in psychiatric nursing. There have been major changes in the curriculum over the years. Today the focus is on "Nursing" - the nursing approaches for the various behaviour patterns. The courses offered include:

A 26 week Post Graduate Course in Psychiatric Nursing for Registered Nurses - the course is offered once a year in September.

A 12 week Post Graduate Course in Psychiatric Nursing for Certified Nursing Assistants - this course is also offered only once a year in April.

3, 4 and 5 week course including theoretical and clinical experience or just clinical experience in Psychiatric Nursing for student nurses from five Schools of Nursing in Nova Scotia, namely:-

Aberdeen Hospital School of Nursing
Halifax Infirmary Hospital School of Nursing
St. Martha's Hospital School of Nursing
Sydney City Hospital School of Nursing
Yarmouth Regional Hospital School of Nursing

A 5 week course which includes theoretical and clinical experience in Psychiatric Nursing for Graduate Nurses (who did not have the opportunity to follow a similar course during their basic nursing education, and who require this course in order to become registered in the Province of Nova Scotia).

2, 3 or 4 weeks of clinical experience provided for:-
Student Nurses -

Diploma Schools - Victoria General Hospital School of Nursing
Degree Schools - Dalhousie University
St. Francis Xavier University

Nursing Assistant Students - Dartmouth Regional Vocational School.

These students are accompanied by the instructors from their school.

To supplement the theoretical and clinical experience for these courses, an extensive Nursing Education Library is maintained. The coverage of psychiatric nursing references is one of the best in Nova Scotia.

The provision of residence facilities and services (186 beds) is another responsibility of this department.

Residence facilities are available for the students attending any of the above courses, as well as for:

Other Students - i.e., Chaplain Students, Social Work Students, Dietary Internes, O.T. Internes, Medical Internes, House Physicians.

Hospital staff of any department.

Dartmouth Regional Vocational School Boarders.

Boarders from other Agencies, i.e., Dartmouth General Hospital, Nova Scotia Childrens' Home, and Bluenose Security.

Patients' relatives.

Other overnight stays.

NURSING SERVICES

Nursing Service is the largest department in the hospital. It consists of Registered Nurses, Certified Nursing Assistants, Developmental Workers, Nursing Attendants, Ward Clerks, Escorts, Clothing Clerks, Beauticians and a Barber. Nursing personnel work on all the hospital's 17 units and deliver psychiatric nursing care to the following groups of patients: Children, adolescents, adults (short and long term), mentally retarded, psychogeriatric and forensic.

Nursing utilizes specialized psychiatric skills within a safe and therapeutic environment to assist the patient in the restoration of health and in reaching his/her optimum level of functioning. A major focus of nursing is patient teaching with the goal of preventing illness and providing for the rehabilitation needs of the individual patient.

The nursing staff are integral members of the multidisciplinary team. They not only provide psychiatric nursing care to

help resolve patients' problems, but also coordinate the patients' treatment programs in relationship with other disciplines.

The Nursing Service Department is accountable for and has the expertise and resources for setting its own standards of practice. These standards serve as a baseline for measurement in the evaluation of nursing care.

Care for the mentally ill has changed drastically since 1858. Gone are the large locked wards with only one or two attendants to care for the patients' needs. In their place, we now have smaller, unlocked nursing units administered by head nurses who are responsible for day to day management and scheduling of staff, to provide nursing care on a 24 hours basis, 365 days a year.

The majority of patients are assigned to a nursing staff on admission. That staff member is then responsible for assessing the patient's nursing needs, designing a nursing care plan, implementing a plan of action and evaluating the outcome. This plan forms the basis of nursing care provided by the total nursing team, and is coordinated with the plans of the other health disciplines.

Nursing care planning and intervention are based on an assessment of the patient's physical, emotional and spiritual needs. A variety of sound, theoretically based nursing approaches are used to aid the patient reach his/her highest level of functioning. These include individual and group counselling, behaviour modification programs, teaching and life skills sessions, and discharge planning.

Psychiatric nursing is a specialty within the nursing profession and requires specialized nursing skills. There is active ongoing inservice education for the nursing staff in order for them to acquire and maintain these necessary skills.

In addition to the unit staff, the Nursing Service Department has various support services. A parttime Public Health Nurse acts as a liaise between hospital and community, so that continuity of care is maintained. The Beauticians and Barber provide hairdressing service to all patients to enhance patients' wellbeing. The Escorts provide and maintain safety in escorting patients to inside and outside appointments, as well as making outside appointments and arranging transport, and delivering documents, specimens, medications and supplies within the hospital. The Clothing Clerks are responsible for documenting, labeling and storing patients' belongings.

Nursing Administration ensures that the necessary resources such as staff, equipment, and facilities are available. Ongoing

evaluation of patient care is carried out by Nursing Administration in order to provide and maintain high quality nursing care. Supervision of patient care and coordination of hospital activities are provided on a 24 hour basis by Nursing Supervisors.

We, in Nursing Service, have progressed from providing custodial care to a more scientific and therapeutic care. We, too, have gone from hope to reality.

BEDS AND SERVICES

GENERAL ADULT UNITS:

	N-1	27 beds		
	N-4	27 beds		
	S-1	27 beds		
	S-2	27 beds		
	S-3	27 beds		
	S-4	27 beds		
	N-16	36 beds		
	N-17	36 beds	_____	234
Psycho-Geriatric	N-2	28 beds		
Extended Care	N-3	21 beds		
Forensic	W-5	18 beds		
Infirmary	C-3	12 beds		
Retardates	N-12	21 beds		
Children		30 beds		
Adolescent		30 beds	_____	160
				394

COMMUNITY SERVICES:

Day Hospital — 15 Patients

Day Care Service

Outpatient Clinic:

- N.S.H.
- Cobequid
- Musquodoboit Harbour
- Sheet Harbour

ADOLESCENT SERVICE

The Princess Alexandra Unit is a separate unit of the Nova Scotia Hospital, which is designed to meet the special needs of adolescents. The bungalow-type building consists of three wings, each housing ten patients, male and female. The P.A.U. has its own dining room and recreational/activity area.

Who Works There?

The staff of the P.A.U. work together as a team to provide the residents with programmes to meet the residents' individual needs. The staff consists of: Psychiatrists, a Psychologist, Social Workers, an Occupational Therapist, Teachers, Recreation Staff, a Head Nurse, Registered Nurses, Certified Nursing Assistants, Psychiatric Nursing Attendants, a Ward Clerk, Dietary Staff, Housekeeping Staff and Volunteer Workers.

What Happens There?

A variety of therapeutic and recreation programmes are available for the residents of P.A.U. to participate in according to their needs.

Group and Individual Counselling:

There are several counselling groups available and residents participate in those which will be of benefit to them. These include: Problem-solving groups, communication groups, sexual awareness groups, and drug dependency groups.

Each resident is assigned a staff member for individual counselling.

Occupational Therapy:

Residents attend occupational therapy at least twice a week to work on activities which assist them in developing skills such as concentration, frustration tolerance, cooperation and socialization. Residents are also given instruction in life skills and community living skills in the occupational therapy programme.

School:

When appropriate, residents attend school at the hospital or a school in the community. The hospital school is designed to meet the residents' special needs and school programmes are individually designed.

Recreation:

The hospital offers a variety of recreation services including: Swimming pool, gymnasium, exercise programmes, movies, bingo, films, skating, etc. Residents of P.A.U. are permitted to participate in these programmes.

In addition to programmes offered on the hospital grounds, the residents of P.A.U. participate in several community programmes. These include: Membership in a bowling league, participation in activities at the YM/YWCA, roller skating, etc. Outings to special events in the Metro area are also organized. Several groups from the community are involved with the residents of P.A.U. by coming into the hospital and organizing events with them.

The hospital has a strong network of volunteer services which are available to the residents as well. A volunteer may act as a Big Brother or Big Sister, a tutor, or may help in the Occupational Therapy Department or the school.

How Can You Get in Touch If You Need To?

Young people between the ages of 13 and 19 who are experiencing difficulties in school, in the community, with their families, or with themselves can get in touch with the staff of P.A.U. in a number of ways. Usually either the parents or family doctor will call; however, the young person can call themselves. Sometimes teachers, lawyers, or social workers call and ask that the staff meet with the young person to see if they can help.

Most young people are seen in a pre-admission assessment to determine what problems they are experiencing and if the staff and programme at P.A.U. can be of benefit. This assessment can be arranged through either of the social workers for P.A.U.

Adolescence is a difficult age for both family and adolescents to cope with. New problems caused by rapid physical and emotional changes are experienced by all adolescents and sometimes these problems can become overwhelming. If you feel you may need help or you are in need of someone to talk to, contact one of the unit social workers - they may be able to help or they may be able to tell you where you can get help. For more information, contact the P.A.U. at 469-7500, local 551.

CHILDREN'S SERVICE

MacKay Unit is one of the residential areas of Youth Services within the Nova Scotia Hospital Complex. It is a cottage-type house divided into three wings, each wing having the capacity for ten children. It is presently operating with two wings opened.

Part of the philosophy of our unit is to create and maintain a home-like environment for the children who are admitted to our care. We believe that every child has a right to receive maximum care to promote his/her development, and that each child must be accepted for what they are, not for what we wish they were, or for what we hope they will become at some future date. We endeavour to gain the trust of each child so that they may speak freely of the problems that brought them to us - providing an important tool for the team to work with.

The staff of MacKay House work closely with the families of children encouraging them to discuss problems of management, and improve and maintain relationships between child and family.

"Behaviour Modification" is used as a guideline in establishing the patient's individual treatment plan. Staff work as teams in close conjunction with the psychiatrist, as well as the psychologist, social worker, and the teachers and occupational therapist. The children attend classes at the Marshall Treatment Centre until such time as they can be placed in the Public School System.

FORENSIC SERVICE

Our Forensic Unit was established for the assessment and treatment of those persons (male and female) who have found themselves in conflict with the law while mentally ill or when there is a question of mental dysfunction in an offender by the courts.

It is an eighteen bed unit whose main functions are security, assessment, treatment and rehabilitation of 30 - 60-Day Court Remands, Lieutenant Governor Warrants, Commissioner of Penitentiaries Warrants and formal or informal patients awaiting return to the courts or returned to us from the courts for treatment as part of probation.

What is the purpose of a 30-Day Court Remand? Law states that nobody can be tried on a charge in absentia. In other words, one must be mentally present as well as physically present to stand trial. This Remand requires an assessment of his fitness for court -- of mental presence, e.g., does he know the charges against him? Can he follow court procedure? Can he instruct his lawyer? etc.

Patients on Lieutenant Governor Warrants have either been found not fit to stand trial or not guilty by reason of insanity. They receive longterm rehabilitation in order to: a) Return for trial when fit, or b) Return to society after being reviewed by an Advisory Board to the Lieutenant Governor.

Our main objective is to provide the judicial system of Nova Scotia with comprehensive, fair and unbiased assessments by using a multidisciplinary approach. Guilt or innocence is not our concern. We avoid being "conned" by those who are seeking psychiatric treatment as manipulation, rather than out of genuine motivation or need.

"Treatment is not an endorsement of crime -- it is sheer humanity".

INFIRMARY UNIT

The Infirmary Unit (C-3) of the Nova Scotia Hospital was opened on October 2, 1972.

It is a twelve bed unit for the assessment and treatment of psychiatric in-patients with acute and/or chronic medical problems that require critical nursing care. Should a return to health not be possible, the relief of pain and discomfort becomes an immediate concern. Patients requiring special procedures, such as Intravenous Therapy, Blood Transfusions, Sub Coma Insulin Therapy or Continuous Tranquilo-sedation, or those that require isolation for medical reasons are treated on the unit. An average of twenty-three patients per month are treated with an average daily census of nine.

Each patient is an individual with differing physical and emotional needs and nursing care is planned and administered to the patient in a manner suited to his special needs. Rapid deterioration of the patient is always a distinct possibility and time is an important factor; thus, assessment and intervention are of prime significance. Nursing care is coordinated with other departments to achieve maximum results for the safety and well-being of the patient.

Because of continual changes and improvements in the field of nursing care, continuing education, including but not limited to conferences, workshops, on unit and off unit inservice, and impromptu teaching, both as learner and teacher, is considered necessary for the professional development of the staff and essential to the performance of their duties.

Our objective is to provide high quality nursing care according to the individual needs of the patients we are responsible for, and to improve through education, the quality of nursing care we administer. When possible, an open exchange of information is maintained with the families and any outside agency for the well-being of the patient.

We believe that it is essential to the successful operation of the hospital that the philosophy and objectives of the Infirmary Unit be consistent with those of the total hospital.

GENERAL SERVICE UNITS

There are eight adult General Service Units within the hospital complex. Both male and female adult patients are treated on each unit. The unit doors remain unlocked.

N-16 and N-17 are located in the North Building and are the largest units, having a bed capacity of 35 each. The remaining six units, S-1, N-1, S-2, S-3, S-4, and N-4 are situated in the South Building, with a bed capacity of 27.

The units are similar and yet unique because of the multidisciplinary team approach and patient population; i.e., N-4 has patients from City of Dartmouth; therefore, staff work closely with the Mental Health Clinic. S-3 has six detox beds. Each unit is designed to provide shortterm physical and psychiatric care to acute and chronic mentally ill adults. Patient treatment and nursing care is governed by the hospital and Nursing Service Philosophy and Objectives.

The psychiatrist assigned to the unit is responsible for the diagnosis and treatment of the patient and functions as the leader of the multidisciplinary team. This team consists of a psychiatrist, medical doctor, nurses, psychologists, social worker, and occupational therapy staff.

The nursing team is under the leadership of a Head Nurse who is accountable for the day to day management of the unit, the nursing care planning and intervention and the coordination of the patient's treatment.

Care planning is based on the patient's identified problems, including an assessment of the patient's physical, emotional and spiritual needs. Highly specialized psychiatric nursing skills are used to help the patient reach his/her optimal level of health. The basic approaches to nursing intervention are problem-solving and supportive. Individual and group counselling sessions are the basic

components of the programs. Each patient is assigned a nurse who is responsible for planning and providing nursing care, carrying out medical orders, coordinating treatment and providing one to one counselling.

Behaviour modification programs are designed for individual patients who require it.

Patient care, safety and comfort are enhanced by the support services within the hospital, especially Dietary, Housekeeping, Laundry, Maintenance, Pharmacy and Escorts.

THE PSYCHOGERIATRIC SERVICE - N-2

The Psychogeriatric Service, an integrated 28-Bed Unit, was established in 1970 to provide assessment and shortterm treatment for the Province's elderly population presenting with serious psychiatric disorders. In recent years, treatment efforts have also been directed to an expanding younger population with conditions similar to senile deterioration (e.g. Alzheimer's Disease) requiring care of a specialized nature.

The three major aspects of the program provided by this service are clinical investigation, including a full physical, psychiatric, nursing and social work assessment, a relatively shortterm treatment plan, and assistance with planning for ongoing care following discharge.

Psychiatric care of the elderly is a comprehensive specialty which demands coordination of services and effective cooperation among members of the multidisciplinary treatment team, appropriate community agencies and the patient's family.

The multidisciplinary team in this service includes the following:

a) The psychiatrist, who, as Director of the Service, is responsible for overall delivery of service.

b) The unit physician, responsible for the physical health of the patients.

c) The nursing staff who provide direct care, ranging from limited personal to total nursing care, on a 24 hour basis. This unit has R.N. coverage on each shift.

d) The social worker who acts as the main liaison between the unit and the patients' families and community.

The service has one occupational therapist who works on referral and assists in functional assessments and group therapies, as appropriate to patient need. Psychological services, although considered beneficial, are not provided.

The major therapeutic approach used by all staff on the service is that of Reality Orientation. With the use of Reality Orientation, staff continually stimulate patients by repetitive orientation to their environment in each patient contact. Clocks, calendars, maps and reality orientation boards are also utilized to assist in the orientation process.

The principles of reality orientation are applied in all other programs offered on the service. Additional programs include retraining in basic life skills (walking, toileting, dressing, washing, etc.), group therapies (remotivation and reminiscence groups), and basic behaviour modification programs, as dictated by patient need.

The primary objective is to facilitate maintenance of individual potential and self-integrity within the context of often complex disabilities.

UNIT N-3

Unit N-3 is an active treatment centre for the specialized psychiatric care of the longterm chronic mentally ill patients. The unit is comprised of twenty-one patients varying in age from 19 to 72 years of age, with great variances in their level of functioning. The diagnoses of these patients range from minimal brain dysfunction, mental retardation, schizophrenia to manic depressive illnesses. All have in common lengthy institutionalization periods, along with high degrees of behavioural disorders and huge deficits of daily living skills.

The staff on N-3 are committed to the goal of "normalization" for these patients which reflects the rhythm of life of the population outside the hospital. Our goals are to provide a quality of life that is filled with dignity, respect and allows for learning and developing of the human being.

The therapies that the multidisciplinarian team uses are based on behavioural and social learning theory. The basic belief is that through a structured environment, change in behaviours will occur and learning will take place. At present, we have three graduated levels of individual and unit behavioural programming. The focus of these programs and the unit is one of positive learning. Following from this focus, nursing has implemented many kinds

and levels of skills groups in an attempt to meet the needs of the patients. We have various community contact groups ranging from shopping, restaurants, social clubs, transportation to "how to behave in the community". Other skills groups include: Cooking, self-esteem, communication, problem-solving, relaxation and medication knowledge.

UNIT N-12

N-12 is a unit providing care on an extended basis to twenty-two severely retarded young adult patients with a range of developmental deficits and behaviour problems.

The staff of N-12 believe that the patients must be approached as individuals with abilities, potentials and expectations regardless of the degree of their handicap. We also believe that rehabilitation begins on their first day on the unit and should continue until they develop enough skills to live in a less restrictive community alternative where their individual needs can continue to be met.

Patients are admitted through a referral basis to the multidisciplinary team and all referred patients are pre-assessed by the team to determine their need for our service.

The focus through a multidisciplinary team approach is on teaching in the areas of education, recreation, socialization, language development, vocational and basic life skills. This is done through individual and group training using behaviour management principles and techniques.

Staff provide on request consultation, program assistance and day care to other units who have mentally retarded patients.

OCCUPATIONAL HEALTH

One of the most significant landmarks in the history of this very special health care organization has been the Department of "Staff Health". In May, 1982, this important, vital component of the hospital was rechristened and redefined as the Department of "Occupational Health" - dedicated to a wide range of services aimed at the health care of all the staff and employees of this hospital.

Another very important development in the history of the Nova Scotia Hospital has been the establishment of related committees and sub-departments. For example, "Environmental Health

Promotions" - including - infections control, fire and safety, emergency measures and disaster plans. All these vital areas are fully reorganized, established and constantly kept up to date with major role being played by Occupational Health staff.

Occupational Health now provides a much greater scope of services to the staff of the hospital with emphasis on Preventive Medicine and maintaining the best possible state of health and safety in the work place, to enable the employees to perform their duties to the best possible level.

The department provides this service for nearly 1,000 employees - permanent, full time, part time, casual and seasonal and trainees affiliating at the hospital.

They work very closely with other agencies and health care facilities, such as the Department of Health for the Province, as appropriate, also other metro hospitals.

Health Assessment of All Employees includes:

Routine physical exam - specially aimed at workers with special problems. Health assessment for special jobs.
Routine annual chest X-Rays. Rechecked and repeated in cases of acute illness for diagnostic purposes.
Tuberculin (Mantoux) test.
Routine complete blood levels and blood chemistry and urinalysis.
Serology tests to detect immunity for Rubella, Hepatitis B and V.D.R.L.
Detect any infection or carrier state in certain staff, e.g. food handlers (dietary staff), staff on geriatric and special care units (infirmary unit or C-3).
Throat swabs and stool exams (Bacteriological testing).
Special investigation procedures - whenever an employee requires special investigations and tests likely to cause loss of valuable working time, arrangements are made by the occupational health physician and nurse to carry out all these important tests in the hospital. (e.g. - G.I., X-rays, E.K.G., Lab tests, etc.).
Occupational Health Physician scrutinizes the reports and copies sent to family doctors. Referrals are also made to appropriate consultants

Care and reporting of all injuries and accidents in the hospital -

Most minor injuries are managed and resolved by the Occupational Health physician. Some of these require referral

to emergency physicians at a general hospital or have to be seen by a consultant and also need follow-up by the family doctor. Workmen's Compensation Board is routinely informed when accidents are reported. Diagnostic and therapeutic measures are provided.

Immunization programs, both special and routine, are carried out, general policy and guidelines being based on the recommendations of the Department of Health and Community Disease Control. The program allows for the special needs and circumstances prevalent in the hospital.

An Employee Assistance Program was established when the present Occupational Health was established in May, 1982, a new concept in employee health care was added to the existing staff health department. This new service has a wide range of scope and will affect the hospital staff in several different ways. It is the most progressive step in the total health care of all the employees. Through the employee assistance program, a new service is being available to anybody on the hospital staff in need of special and individual assessment and counselling. The aim and objective of this program is to ensure that any employee can get help in restoring his or her complete physical and emotional health and to reduce absenteeism and inefficiency in job performance. It also helps in the provision of rehabilitation of an employee in a difficulty in any respect. It also helps in reducing cost of sick time lost, repeated injuries, illness, alcohol and drug dependence, and other problems affecting the employee's work performance. The program involves the employee requiring assistance in complete confidentiality. He or she may seek this assistance on his own initiative or the employee may be referred by the Supervisor of the department.

OFFICE SERVICES

Printing Office:

The first official Printing Office of the Nova Scotia Hospital was established in the late 1960's and was located in the basement of the South Unit. When the new Central Service Building was opened in the early 1970's, the Printing Office was moved to facilities off of Main Stores which is where it is currently located.

Over the years the printing equipment has increased and has become more sophisticated. It consists of an offset, photocopier, stencil machine, collator, typewriters, electric stapler and paper

cutter. The Printing Office serves the everyday needs of the hospital departments, as well as being responsible for producing the majority of hospital forms, letterhead and memo paper, menus and information booklets for the patients.

Health Sciences and Patient's Library:

The centralization of both Patients' and Health Sciences Libraries was completed in April of 1978. Before this period, the Health Sciences Library was known as the Medical Library and was housed in the South Unit Conference Room.

Our Patient Library is one of the largest hospital patients' libraries in Canada and consists of a large collection of classics, Canadian authors, poetry, reference, non-fiction, biographies, novels, etc.

The Health Sciences Library provides current books, journals, audiovisual materials, indexes and reference service. It also provides a document delivery service; that is, provides books and periodical articles, either from the library's own collection, or by borrowing from other sources through Inter-Library Loan. The Library's main goal is to provide excellent service to both patients and staff.

Post Office:

The work consists of sorting mail, then delivering and picking up mail to and from all departments within the hospital complex. There are several pick-ups and deliveries to most departments each day. All outgoing hospital mail must be sorted and stamped through the postage machine.

Steno Pool:

The Steno Pool is staffed by seven medical clerk-typists and medical stenographers whose main function is the transcription of psychiatric and medical dictation for patient charting. Included in this is the transcription of E.E.G.'s, E.K.G.'s, consultations, psychiatric surveys and discharge notes, etc. The medical stenographers also attend meetings for the recording and transcription of minutes.

This staff also provides relief to various department heads during the absence of their secretaries.

P.B.X.:

The P.B.X. and Information Department staff provide prompt

and reliable telecommunications to hospital staff and the general public. In order to perform these functions, we have a two-position main switchboard, radio and paging systems, fire alarm coding machine and an emergency telephone. We also provide receptionist services at the desks in the Nurses' Residence, South Unit and at the P.B.X. room in the North Unit. The main switchboard is staffed 24 hours daily.

PASTORAL CARE DEPARTMENT

In the statement of Philosophy of the Nova Scotia Hospital it is said that this institution's philosophy..."Believes that the patient is a whole person and therefore maximum efforts are made to restore him/her to physical, psychological and spiritual well-being in a climate of trust, respect and confidence".

The Pastoral Care Department supports the hospital's philosophy of total care. The purpose of the department is to provide that part of total care which aims at meeting the spiritual and, at times, emotional needs of the patient, precisely as they relate to the patient's present psychological and medical condition.

It is obvious to everyone that the development of the religious dimension varies from person to person.

However, religion is an intrinsic part of every individual's life whether it is acknowledged or not. Any person who reflects on the mystery that surrounds both life and death, no matter how simplistic or superficial that reflection, is experiencing himself or herself as a religious person.

Members of the Pastoral Care Department are as aware as anyone of the ways in which religion can be abused. Religion has always been vulnerable to persons who have used the potency of the religious instinct to manipulate people or enhance their own prestige. Religion at its worst can play unfairly on the deep-seated feelings of guilt, fear and anxiety that reside in all of us.

At the same time religion at its best can be our strongest ally in enhancing the quality of life of individuals and society. The traditional activities of religion such as worship, prayer, meditation, sacraments and service to others have ennobled the lives of countless men and women. Healthy religion has always sought to foster wholeness (or salvation).

The Pastoral Care Department is committed to upholding all that is good in religion and opposing those expressions of religion that do harm to people.

This is accomplished by being aware of how the religious dimension impinges on the lives of people in the Nova Scotia Hospital.

One aspect of our work is that sometimes we act as a referral resource for patients seeking the services of their own pastor. Also some patients ask to be put in contact with a local church or synagogue where they will be treated with warmth, respect and understanding.

Educational Programs offered by the Pastoral Care Department:

Supervised Pastoral Education programs are offered through our department here at the Nova Scotia Hospital. S.P.E. is a person-centered approach to Ministry, through experience-based education, which combines the practice of pastoral care with qualified supervision and peer group reflection. Courses are accredited by the Canadian Association for Pastoral Education and recognized for credit by the Theological Colleges.

Participation is open to persons involved in any form of Ministry with certain restrictions on advanced training.

PATIENT EDUCATIONAL SERVICES

Basically, our student population can be divided into three categories. First, there are those pupils who are able to continue with public school following a brief observation in the hospital school. Secondly, there are some who remain in our classes for some time in order that we may develop and initiate an educational program to remediate their learning deficits, many of which are a result of the turmoil they have experienced in their lives, and thirdly, there are those who are actually learning disabled.

Our first course of action once a student has been referred to us from the nursing unit is, of course, to determine into which of these categories he or she fits, then the previous educational facility is contacted and information re the student's academic, social and emotional history is gathered. Testing is ordered if deemed appropriate, and an individualized educational program is developed for the student.

This program works in concert with the behavioural or other therapy the student is undergoing while in hospital, and is

reviewed periodically to ensure the student is receiving the best we can provide.

It is important to remember that we are not competing with the public school system. That would be impossible with our present staff. We do, however, enable the student to keep up as much as possible with what his home class is doing while looking into areas that will be of benefit both to the student and his home school upon discharge.

Presently, we have five (5) classes in operation: Two elementary and one junior high/high school combination, along with two special education classes. Placements are made on the basis of age, academic functioning and maturation level. The two special education classes are the newest additions to our educational programming and are, in fact, pilot programs started recently as a preparation for the opening of the Extended Care Unit sometime in the near future.

While the greatest portion of our time is, of course, spent in diagnoses and remediation with our students, a considerable amount of time is spent working with the administrators and teachers in the public school system.

In some cases this may be to keep tabs on a student's progress, there may be a former patient recently discharged, a boy or girl residing in hospital who is able to continue classes outside, or possibly a student who we are considering for discharge.

In other cases it may be that we are providing a tour, inservices, etc., for the teaching staff so that they may have a clearer idea of our role and the services available to them.

PERSONNEL AND PAYROLL

This department is responsible for the development and implementation of sound personnel practices throughout the hospital, the administration of the payroll and staff services, also for the coordination of the Occupational Health and Safety Programs and other such activities that may be a concern to management.

The duties performed include: Personnel Administration Services, Labour-Management Consultation, Job Analysis, Public Relations, Training Payroll Services, Staff Services, Employee Health and Safety, prepares and updates Organizational Charts, advising and assisting in the establishment of staff budgetary

controls, and ensures position specifications are current and accurate by initiating and/or assisting departmental managers in recognizing the need for job review and audit.

The staff are also responsible for a segment of the employee initial orientation to the job and continues to provide staff and support services as may be required by the employees of this hospital; and also strives to ensure the provision of efficient, accurate and responsive payroll and staff services to all hospital employees by demonstrating a positive approach, encompassed by an overall attitude.

This department is responsible to continue to foster good public relations with outside agencies and educational facilities through personal representation and commitments.

PHARMACY SERVICE

In-Hospital Pharmacy:

One of the busiest and most active areas to be found in most hospitals is the Pharmacy Department, and the Nova Scotia Hospital is no exception to this.

During the course of a year, the Pharmacy Department of this hospital dispenses approximately 20,000 prescriptions (original and repeat) for the hospitalized patient. In addition, 20,000 items as supplies are issued to the various units of the hospital. Medications for many patients are supplied through the Day Hospital, and approximately 4,000 prescriptions are provided for patients of the Dartmouth Mental Health Centre each year. Many persons believe that the above constitutes the sole purpose of the Pharmacy Department. Such is not the case. Many of the above prescriptions have to be compounded, or made up individually - not merely counted or poured from a bottle. Each prescription is recorded and filed to maintain a medication profile on the patient. These can prove very valuable in assessing the overall progress of the patient. Further to this, the Pharmacy Department conducts in-service instruction in Pharmacy for other hospital departments, and provides counselling on the proper use of medications for Day Hospital and Out-Patients.

An up-to-date pharmaceutical library is maintained for the use of health care professionals, and several hundred monographs and file cards on all types of drugs are readily available.

Through affiliation with the College of Pharmacy, Dalhousie University, the teaching and training of future pharmacists is carried out by the staff of our Pharmacy.

At present our staff consists of the Director, two Registered Pharmacists, one Pharmacy Technician and one half-time clerical person. The Pharmacy Department of this hospital offers a service comparable to other hospitals in the Metro area and throughout the Province.

Pharmacy Services Department:

In addition to its own hospital pharmacy, the Pharmacy Department of the Nova Scotia Hospital provides an extension of its services to all hospitals and other selected accounts throughout the Province.

This is accomplished by the bulk purchasing of pharmaceuticals on a contracted basis. This process results in great savings of dollars for this hospital and all those served by it. Over $7,000,000.00 of pharmaceuticals have been contracted for, and will be distributed by this department this year. While each Province has an operation similar to this, the program of the Nova Scotia Hospital is the largest of its type in Canada. It offers more items than any other, and it has total participation from all hospitals in Nova Scotia.

The program is under the Director of Pharmaceutical Services, and comprises a staff of six.

PSYCHOLOGY

"Psychology" at the Nova Scotia Hospital is a small department responsible for providing an ever-increasing number of services to the hospital community. The department fulfills the psychological requirements of some twenty distinct hospital services, besides making available programs for the hospital as a whole.

As mentioned earlier, psychologists provide many kinds of professional services. These services can be sorted into four broad classes:

1) Assessment, 2) Consultation, 3) Treatment, and 4) Training.

1) Assessment - Psychological tests are designed to answer inpatient questions about peoples' abilities, potentials, character-

istics and attitudes.

2) Consultation - To consult means to seek counsel or advice. Psychological consultations involve giving psychological counsel or advice to other professionals in the hospital, to the families of patients, and to patients themselves.

3) Treatment - Psychologists at the Nova Scotia Hospital devote most of their time and energy to direct treatment of human problems. The direct therapies most commonly used include individual approaches, group approaches, and family approaches.

4) Training - Part of the role of Psychology at the Nova Scotia Hospital has been to offer training services to others preparing to engage in psychological work. Our department has a tradition of providing supervised practice and internship placements to graduate students in this profession.

Our services are available for almost all persons who have been admitted to the Nova Scotia Hospital, the Day Hospital and people with problems in the community as well.

We also give service to special units, like behavioural programming for the MacKay Children's Unit and forensic assessment for the Forensic Unit.

"Psychology" plays an active role within the Nova Scotia Hospital community. What is clear, however, is that there is certainly room for expansion in the kinds of services we offer and to whom we provide these services.

PURCHASING AND STORES SERVICES

The Purchasing Department is responsible for securing all supplies, furniture and equipment required by the hospital, with the exception of drugs. This includes preparing and checking specifications, providing product information and samples to department heads when required, advising Main Stores as to the disposition of goods when received, working with Accounts Payable in regard to problems with suppliers and expediting delivery of goods. As we are a pvovincially owned hospital, the actual requests for quotations and the issuing of Purchase Orders and Contracts are carried out by the Nova Scotia Government Purchasing Agency.

Although securing supplies is its primary function, the Purchasing Department has many other responsibilities. Included

in these are the compiling and estimating of the Annual Capital Equipment Budget, the physical counting and recording of all furniture and equipment within the hospital, acting as resource personnel on various hospital committees, coordinating supply requirements between departments, dealing with all Sales Representatives, maintaining complete pricing and source records for each item purchased, and preparing an annual list of surplus and obsolete items for the Department of Government Services.

STORES SERVICES

The original building housing the stores for the hospital was a multi-purpose building. It accommodated the Pay Office, Accounts Office and the Business Manager, as well as a male dormitory for staff.

In 1973 a new Central Services Building was erected and the Main Stores was relocated in a far more spacious area in the basement of that building. Prior to this move, the handling of bulk items, such as tinned good, 45 gallon drums of molasses, vinegar, green soap, etc., required the employment of excessive manpower, not only for manhandling, but also to dispense such items into smaller containers for distribution.

Since the move to its new quarters, although storage is still offloaded at ground level, an electric powered lift truck is now used. Most goods are delivered within the complex by 4-wheeled handcarts via the tunnel system. Such heavy bulky items as furniture are, of course, still moved by hospital truck.

SOCIAL SERVICE

The Social Work Department, established in 1948, is the Province's oldest hospital based Department of Social Work.

The first qualified social worker joined the department as Director in June, 1951. In its early years, the department sought to maintain family and community ties, as well as to address the social problems of a relatively long-stay patient population. In 1953 a patient choir was organized, which presented a public concert in the following year, the first such event of its kind.

In 1964, due to a serious staff shortage, the Department of Public Welfare entered into a contractual agreement with the Department of Health to recruit and supervise staff for the

hospital's Social Work Department. Social work staff remained employees of the Department of Public Welfare until December, 1972, when the contract was terminated. This date marked the return of the department's status as a clinical department of the Nova Scotia Hospital under the administration of the Department of Health.

The first Director was appointed by the Department of Public Welfare in 1964. The Department is the largest hospital based Department of Social Work, and claims the highest number of professionally qualified staff in the Province.

In the late 1960's the hospital adopted the team concept of service delivery and since then social workers have been assigned to all clinical areas in accordance with individual orientation and expertise. Social Workers have acquired specialized knowledge and skills in social problems related to children and adolescents, psychogeriatrics, the mentally retarded and the chronically mentally ill.

The nature and scope of social work activities has reflected changing trends in the care of the mentally ill. In the 1970's social workers began focusing on expansion and coordination of community resources, as well as development of new services, to meet patient needs. During 1974-75, two members of this department were instrumental in the planning and development of Rivendel, the first group home for the post-mentally ill in the Province. The late 1970's saw an increase in social work staff in the Dartmouth Mental Health Centre and the newly established satellite clinics. By 1981, in keeping with the concept of community-based care, a Day Hospital was established to which a social worker has been assigned on a one-half time basis.

As part of its teaching function, the department has provided field placements for students from the Maritime School of Social Work since 1949. Since then, field experience has also been offered to students from the Nova Scotia Institute of Technology and, on request, to any other students from allied disciplines. The Department of Social Work has been responsible for the recent introduction of mental health programs in the school system. Such programs offer general information on mental illness, an orientation to sound mental health practices, and problem-oriented discussions on drugs and alcohol.

In recent years, social workers have placed considerable emphasis on patient advocacy and program planning. Efforts have been expended to promote broader departmental representation in several community organizations specifically related to the mental health system, such as Mental Health Nova Scotia, Metropolitan

Mental Health Planning Board, Group Homes for Post-Mentally Ill and C.A.M.R.

In the 35 years since its inception, the Social Work Department has become an integral part of the hospital's clinical component, and has established a high profile within the community.

SPECIAL SERVICES

The Special Services Department is made up of two separate areas - C.S.R. and E.C.T.

The Central Service Room provides services which are associated with its basic function of sterilization. Sterile items such as compresses, instruments, trays, etc., are provided to all nursing units as required.

This area also helps to provide a Consultant Service to any patient requiring the expertise of specialists in the various fields of medicine. These include medicine, surgery, gynecology, E.C.T. and opthalmology.

An oxygen room also located in C-2 provides and maintains a supply of oxygen for all nursing units and E.C.T.

The Electro Convulsive Therapy Department (E.C.T.) provides therapy to any patient requiring it. The treatment requires a legal consent and a doctor's order before it can be administered.

Treatment team nurses and recovery room nurses are required during treatment periods along with medical staff to assure the patient's safety.

Treatment is given regularly three times each week with emergency treatment available when necessary.

An anaesthetist is available to provide anaesthesia prior to the treatment, which is given by a psychiatrist.

STAFF DEVELOPMENT

Education of hospital staff over the years has often consisted of programs randomly and independently applied or supplied as various management crises occurred without any overall objectives. Today, Staff Development educators view program planning as part of the overall management organization.

The Staff Development Department had its beginning in 1960 when it was part of the Nursing Education Department. The mandate at that time was to provide an orientation program for all new nursing personnel.

In 1971 the department was separated from the Nursing Education Department and assumed the name of "In-Service Education", responsible to the Director of Nursing. The scope broadened to include continuing education for the nursing department staff plus orientation and follow-up.

In 1977 the department expanded once again and became accountable to the Administrator with responsibility to provide educational services to all hospital staff.

Educational programs are focused on results-orientated activities emphasizing the correction of identified problems. Educational activities must be integrated with the hospital's overall quality assurance efforts to increase educational benefits and reduce duplication of effort.

Staff Development is a department of the hospital that works with all other departments to provide various educational experiences for the personal and professional development of all hospital staff.

Continuing education within Staff Development provides personnel with the opportunity to learn new knowledge and skills, review and add to knowledge already gained, investigate new approaches (in medicine and nursing) and strengthen their clinical competencies.

Continuing education encompasses all efforts (other than orientation) to maintain and improve the abilities of all employees. Therefore, skill training and leadership development are a part of continuing education also.

Workshops and Seminars are planned to assist the staff to become aware of the changes and progress being made available in the health care system. They also assist staff to develop their educational and occupational potential.

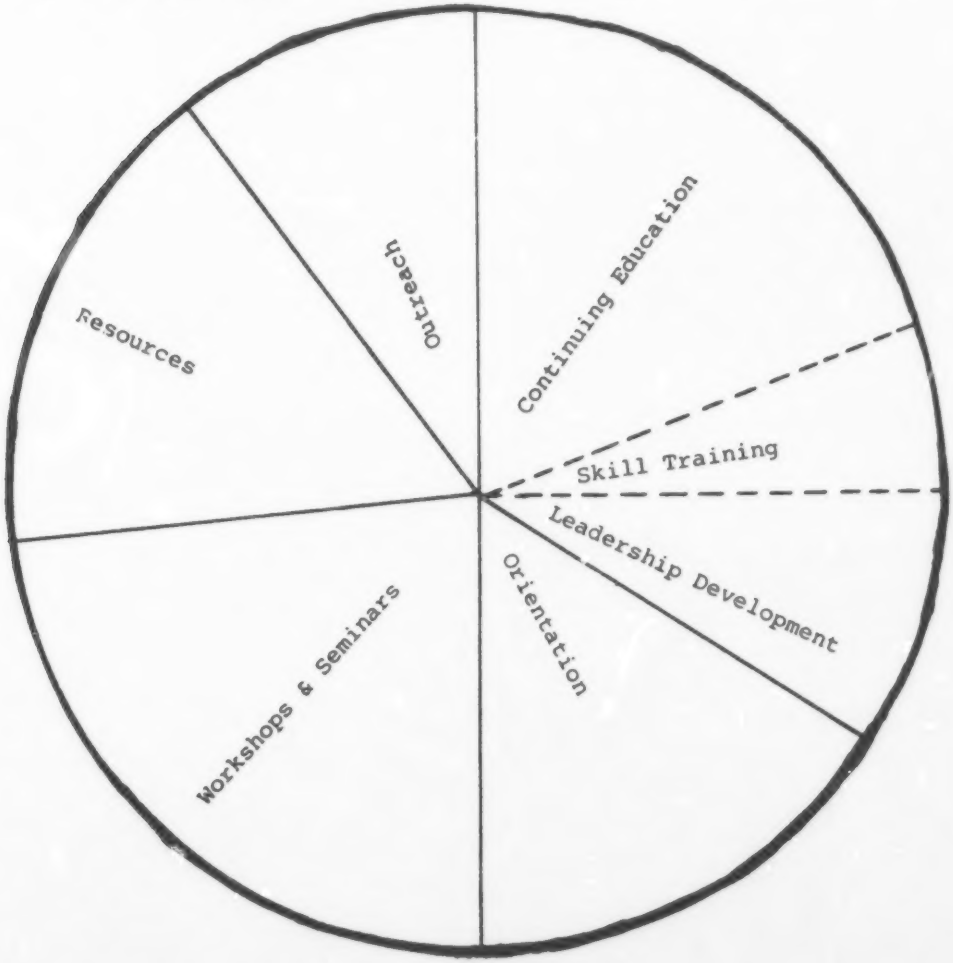
A working relationship is facilitated through the Director with clinical departments to collaborate and utilize the unique contributions of members of other health disciplines in providing learning opportunities for the staff of each department. We also provide audio-visual resources and consultation that will enhance learning opportunities for centralized and decentralized programs.

The Department shares in the responsibility for good public relations to the community through the outreach program.

We continue to facilitate the opportunity for students from secondary education institutions to gain practical experience through rotations to the many services of the hospital.

Since our small beginnings in 1960, we have come to realize and to test the methodology of the delivery of viable education programs. We note the drastic changes and the ever-increasing rate of technological discovery as they influence the delivery of these services to our hospital staff.

The diagram below will illustrate the components of the department, each of which adheres to the philosophy of the hospital, its standards, procedures and policies, as well as acknowledging the individual needs of staff.



VOLUNTEER SERVICES

The care of the patient is the main motivating factor for the many volunteers who contribute their time and energy to the Nova Scotia Hospital.

Each year, thousands of volunteer hours are logged by people who are eager to share their skills and talents with the patients.

The people who volunteer to work at the hospital represent all walks of life. Some have special skills or training, others are interested in developing skills. There is one common trait among all the volunteers and that is their willingness and concern.

Activities performed by the volunteers are varied depending on the need for assistance and the capability and desire of the volunteer.

The Apparel Shoppe is operated by volunteers who sort donated clothing, accept patient requisitions and assist the patients with their selection.

Classroom tutors or aides assist in teaching in the regular classrooms, the special class for the mentally retarded young people, and the Occupational Therapy Department.

A one-to-one companionship program has been developed affording the patient and the volunteer the opportunity to develop a close rapport with each other.

Volunteers act as hosts or hostesses, organizing social functions and providing refreshments.

Outings for shopping or meals or sports events are part of the volunteer activity.

Occasionally, a volunteer will go apartment hunting for a patient who is being discharged.

Community groups continue to offer their support by providing social evenings and donating supplies for use by the patients.

In an average month approximately 37 volunteers provide care and motivation to our patients and this is greatly appreciated by both patients and staff.

Volunteers play an integral role in the hospital operation.

NOVA SCOTIA HOSPITAL

125th. Anniversary

Agenda

Monday, June 27, 1983

1330 - Auditorium, Central Service Building, Nova Scotia Hospital

OPENING CEREMONIES

Master of Ceremonies - Mr. Dave Richey, Chairman of the Board
Lieutenant Governor J. Shaffner
Premier John Buchanan
Minister of Health - Honourable Gerald Sheehy
Minister of Social Services - Honourable E. Morris
Chairman of the Hospital Board - Mr. Dave Richey
Mayor of Dartmouth, Mr. D. Brownlow

Flag Raising Ceremonies - South Unit - Nova Scotia Hospital

Flag of Nova Scotia
Commemorative Flag - Symbolizing 125th. Anniversary.

Cutting of Anniversary Cake

Entertainment - Choral Choir, comprised of staff from the Hospital.

Tea and refreshments to be served.

Media Coverage.

Open House - Tour of Hospital for all in attendance.

Tuesday, June 28, 1983

Patient Centered Activities

A.M. - Ball Game - Male Board of Directors & Medical Staff

vs

Male Patients of the Hospital

Female Board of Directors & Director of Nursing and Supervisors

vs

Female Patients of the Hospital

Afternoon - Water Fight - Staff vs Patients

1400 hours Dartmouth Fire Department to be involved
Staff vs Administrative Heads of Departments.

Evening
1900 - 2100 hours

Bingo game - Patients and Relatives.

Wednesday, June 29, 1983

Open House - Public

0930 - 1100 hours - 1400 - 1500 hours - 1900 - 2000 hours
Department display - Classroom 2 & 3 - Nurses' Residence
Archives Display - Conference Room - South Unit
Slide/Sound Presentation - Classroom 2 - Nurses Residence
Picture Display - Nurses Residence
Information Booth - Central Service Building

Lawn Bazaar Sale commencing at 1000 hours.

Patients and Relatives Dance - Auditorium - Central Service Building - Time 1900 - 2200 hours
- Anniversary Cake - Cut by patients
- Music - Steve Butler - Disc Jockey.

Thursday, June 30, 1983

Open House - Group Tours - Tour of Hospital Complex.

1000 hours - Volley Ball Game - Male Staff vs Male Patients
- Female Staff vs Female Patients

1330 - Dunk Tank - Cole Harbour Fire Department.

2100 - 0100 Hours - Staff Dance
Dress - Semi-formal
Place - Auditorium - Central Service Building
Music - "The Couples" directed by Mr. F. Lowe
500 tickets available.

Friday, July 1, 1983

Staff Homecoming - Wine and Cheese Party
Place - Auditorium, Central Service Building, Nova Scotia Hospital
Time - 1900 - 2230 hours.

Entertainment - Choral Choir - Staff from the Hospital
Director - Miss Shirley Siteman
Music - Mr. Leo Poirier.

Saturday, July 2, 1983

Open Picnic - All Staff and Families - MacDonald Beach area, Shearwater.

Bring your own lunch

Time - 1400 - 1800 hours.

Sunday, July 3, 1983

Ecumenical Service - 1500 hours
Place - Auditorium - Central Service Building - Nova Scotia Hospital
Hospital Tour - Pre-Ecumenical Service - 1330 hours.
Music - Choral Choir
Tea & Refreshments

EVERYONE WELCOME

OPEN HOUSE AND TOURS (TIMES AND DATES)

Monday - June 27/83 - Open House - 2 P.M., 3 P.M. and 7 P.M.

Wednesday - June 29/83 - 9:30 A.M., 11:00 A.M., 2 P.M., 3 P.M. and 7 P.M.

Sunday - July 3/83 - Pre-Ecumenical Service Tour - 1:30 P.M.

Tuesday & Thursday - designated for outside groups/organizations 9:30 A.M., 11:00 A.M., 2 P.M., 3 P.M. and 7 P.M.

Group and Organization tours are by request. Anyone wishing to tour the Hospital Complex (group/organization) are requested to contact:- Mrs. Avis Faulkner
Day Hospital
Nurses Residence
Nova Scotia Hospital
469-7500, local 579

The above information will help the Committee to prevent any confusion.

ACKNOWLEDGEMENTS

Halifax Seed Company - Halifax
S.S. Keddy & Sons Ltd. - Halifax
Wearwell Garments Ltd. - Stellarton, Nova Scotia
Payzant Building Products Ltd. - Lower Sackville
Bank of Montreal - Halifax
Canadian Imperial Bank of Commerce - Halifax
Oland Breweries - Halifax
Brookfield Milk - Burnside - Dartmouth
Nabisco Brands Ltd. Confectionery Division - Halifax
Reid Sweet Ltd. - Halifax
Provincial Sanitary Products Ltd. - Halifax
Ash Temple - Halifax
Cody Food Equipment Ltd. - Dartmouth
Cadillac Plastics Canada Ltd. - Dartmouth
EMCO Supple - Dartmouth
Halifax Furniture Clinic - Halifax
Harrisons & Crosfield (Canada) Ltd. - Dartmouth
Ingram & Bell Medical - Halifax
Nova Scotia Department of Tourism - Halifax
Printing Department - Halifax County Regional Rehabilitation Centre, Cole Harbour
Jim Farmer - Music Instructor - Dartmouth City Schools
Anglican Church Women - Dartmouth
Westphal/Cole Harbour Fire Department
Ladies Auxiliary - Westphal/Cole Harbour Fire Department
Dartmouth Fire Department
G. H. Wood & Co. Ltd. - Halifax
Nova Scotia College of Art and Design - Halifax
Moffatt's Pharmacy Ltd. - 184 Portland St., Dartmouth
Beazley Bowling Lanes - 4 Pine St. Ext., Dartmouth

Special thank you to all the staff of the Nova Scotia Hospital for their continuous support during the planning of this occasion.

NOVA SCOTIA HOSPITAL STAFF

ABRAHAM, Dr. Sophy
ABRAHAM, Dr. Thoppil
ADAMS, Christine
ADAMS, Susan
AHMAD, Dr. Khalil
AKHTAR, Dr. Syed N.
ALLISON, Dr. Nigel
ANDERSON, Barbara
ANDERSON, Janie
ANDERSON, Laurie
ANDERSON, Lillian
ANDERSON, Shirley
ANDERSON, Terry
ANDERSON, Vernon
ANGUS, Alastair
ANGUS, Elizabeth
ANWAR, Gulman
AQUINO, Dr. Emmanuel
ARCHER, Wallace
ARNOLD, Donna
ARSENAULT, John
ARSENAULT, Kathleen
ATWELL, Louise
ATWOOD, Phyllis
AUCOIN, Rosemary
AUCOIN, Thomas
BAILEY, George
BAKER, Charles
BALCOM, Eleanor
BARRIOS, Roberto
BARRY, Michael
BARTHOLOMEW, Jean
BASKER, Gerald
BATES, Judy
BEATON, Vera
BEAVER, Mona
BEAVER, Robert
BEAZLEY, May A.
BEDWIN, George
BEED, Aileen
BEESWANGER, Agnes
BELL, Bettianne
BELL, Charlotte
BELLIVEAU, Laurent
BENJAMIN, Sheila
BENNETT, Arthur
BENNETT, Truena
BENTLEY, Peter
BERNARD, Wanda
BEVEN-JOHN, Spencer
BHATTACHARYYA, Dr. Amal
BISHOP, Albert
BISHOP, Pamela
BLAIKIE, Thelma
BLAKENEY, Marion
BONANG, Barbara
BORDEN, Shirley
BOUDREAU, Mary
BOUTILIER, Agatha
BOUTILIER, Muriel
BOWES, Elizabeth
BRACKLEY, Cora
BRACKLEY, Kenneth
BRADLEY, Wayne
BRENNAN, Maureen
BREWER-JORDAN, Gail
BROOKS, Foster
BROWN, Ethel
BROWN, Marguerite
BROWN, Marie
BROWN, Shelagh
BROWNE, Michael
BRUCE, Marcia
BRYANT, Charlotte
BUFFETT, Dr. Lawrence
BURKE, Carol
BURKE, Margaret
CALDER, Dianne
CAMERON, Deborah
CAMERON, Marie
CAMERON, Marlene
CAMERON, Robert
CAMPBELL, James
CAMPBELL, Janie
CAMPBELL, Kevin
CAMPBELL, Margaret
CAMPBELL, Patricia
CANNING, Karen
CARTER, Alma
CARTER, David
CASAVECHIA, John
CASAVECHIA, Margaret
CASEY, Gloria
CAVANAGH, Judith
CHAPLIN, Eileen
CHASE, Kevin
CHISHOLM, Ann
CHRISTENSEN, Eva

CLANCEY, Joan
CLARK, Brian
CLEARY, Michael
COAKLEY, Lawrence
CODRINGTON, Joan
COLBERT, Vera
COLLEY, Rose
COMEAU, Barbara
COMEAU, Marina
COMEAU, Mary
CONRAD, Annie
CONRAD, Hilda
CONRAD, Isabel
COOK, Vivian
COOPER, Dorothy
COOPER, Gerald
COOPER, Gwendolyn
COSGROVE, Donna
COWAN, Edward
COX, Brian
COX, Marjorie
CRAWFORD, Dorothy
CRIBBY, Frances
CRIMP, Richard
CROSS, Richard
CROWELL, Mary
CUMMINGS, Charles
CURRIE, Terrance
CURRY, Barbara
CURWIN, Danita
CURWIN, Michael
DALLEY, Leslie
D'AMICO, Mary
DANDO, Joann
DANDO, Kevin
DANIELS, Glenda
DAVIDSON, Dorothy
DAVIS, June
DAYE, Debbie
DECKER, Elsie
DEDRICK, Margaret
DeELLE, Gertrude
DEERING, Roberta
DELAQUIS, Marilyn
DeMELLO, Margaret
DEVISON, Kathy
DeWOLFE, Gayle
DeYOUNG, Joseph
DILLMAN, Eileen
DIXON, Bernice
DIXON, Christine
DIXON, Melvis
DOERING, Barbara
DOOKS, Kathleen
DOOKS, Kimberlea
DOUCETTE, Catherine
DOUCETTE, Eric
DOUCETTE, Harold
DOUCETTE, Richard
DOUCETTE, Violet
DOWNEY, Daniel
DOWNEY, Eric
DRISCOLL, Marion
DUFOUR, Yvonne
DUNCAN, William
DYCK, Murray
DYER, Donna
EBEL, Charles
EDE, James
EDE, Paula
EDMONDS, George
EDMONDS, Susan
EISAN, Allan
EISAN, Mary
ELLIOTT, Albert
ELLIS, Graeme
EUSTACE, Audrey
EVANS, Donna
FAIRFAX, Donald
FAIRWEATHER, David
FALOON, JoAnn
FANCY, Gerald
FARAGO, Audrey
FARNELL, Jean
FARRELL, Gertrude
FARWELL, Cheryl
FAULKNER, Avis
FAULKNER, Clarence
FELIX, Joan
FELTHAM, Arthur
FERGUSON, Karen
FERGUSON, Terry
FERNS, Katherine
FILLATRE, Theresa
FINDLAY, Katherine
FISHER, Duncan
FISHER, Russell
FITZPATRICK, Diane

FLETCHER, Kerry
FORBES, Patricia
FORD, Clement
FORDE, Moira
FORSYTHE, Malcolm
FORTUNE, Brenda
FORWARD, Mary
FOUGERE, Marguerite
FOWLER, Phyllis
FRANCIS, Mary
FRASER, Margaret
FRASER, Paul
FRASER, Robert
FREDERICKS, Merilyn
FROSST, Paul
FULTON, Susan
FULTON, William
GALE, Ainsley
GALE, Clarence
GALLANT, Sandra
GALLUPE, Elizabeth
GANGOLLI, Dr. Vinod Kumar
GARIEPY, Micheline
GARIEPY, Pierre
GATES, Doris
GATES, Patricia
GAUDET, Murielle
GILBERT, Grace
GILES, Betty
GILES, Madeline
GILLAN, Patricia
GILLAN, Thomas
GILLIS, Dolores
GILLIS, Sheldon
GIROUX, Paul
GLASGOW, Melvin
GLOWGOSKI, Gail
GOOD, Leonard
GOODFELLOW, Marie
GORHAM, Margaret
GORHAM, Marguerite
GOULDEN, Marilyn
GOULET, Claude
GRADY, Bessie
GRADY, Glenda
GRAHAM, Doris
GRAHAM, Eileen
GRAHAM, Kenneth
GRAVES, Gregory
GRAY, Laureen
GRAY, Terri
GREENE, Nancy
GREENER, Debra
GRUS, Patricia
GURNEY, Brenda
HACHEY, Margaret
HALE, Dawn
HAMILTON, Georgina
HARDY, Lawrence
HARE, Nadine
HARI-SINGH, Ivan
HARNETT, Doris
HARRIS, Nancy
HARTLING, Marcia
HATFIELD, Doug
HATFIELD, Linda
HAZEL, Michelle
HEBER, Lourdes
HEMEON, Ken
HEMEON, Margaret
HENDERSON, Phillip
HENDERSON, Ron
HENDSBEE, Mary
HENNESSEY, Marilyn
HENNIGAR, Joyce
HENNIGAR, Susan
HETHERINGTON, Carol
HICKEY, Kelly
HIGGINS, Margaret
HIGGINS, Muriel
HILCHIE, Roger
HILCHIE, Ron
HILL, Elsie
HINCH, Wayne
HINES, Beatrice
HITCH, Kathleen
HOBBS, Gloria
HODGINS, Anna
HODGINS, Margaret
HOGG, Anne
HOGUE, Doris
HOLLAND, Dr. Lieselotte
HOLMES, Kathleen
HOOD, Charles
HOPKINS, Gladys
HOPKINS, Stephen
HORNE, Melda
HORNE, Sharon

HORNER, Basil
HORNER, Mary
HORTON, Larry
HORTON, Lauchlin
HORTON, Virginia
HOWE, George
HOWE, Melda
HUGHES, David
HULAN, Jacqueline
HUMPHREYS, Ferne
HUNTER, Cheryl
HUSAIN, Dr. Almas
IMBEAULT, Janet
INGLIS, Janie
INGRAHAM, William
IRVING, Jennie
ISLEY, James
ISNOR, Owen
JACKSON, Sandra
JAMES, Allan
JAMES, Gerald
JARVIS, Rosetta
JAY, Dorothy
JENKINS, Judy
JENNEX, Doris
JENNINGS, Chris
JOHNS, Florence
JOHNSON, Marjorie
JOHNSON, Ronald
JOHNSTON, Ethel
JOHNSTON, Frances
JOHNSTON, Dr. Lalia
JULIEN, Ethel
KAIZER, Carl
KASOUFF, Brian
KAY, Doris
KEELER, Jane
KELLY, Marguerite
KELLY, Robert
KELLY, William
KERWIN, Leo
KHAN, Lorna
KING, Beth
KING, Karen
KING, Margaret
KIRKER, Sharon
KLINE, Ian
KNOTT, Lorraine
KOOY, Fred
KRAFFT, Heather
LABRADOR, Theresa
LAIT, Heather
LALONDE, Gregory
LANDRY, Eunice
LANGILLE, Jeanette
LANGILLE, Lucella
LANGILLE, Pamela
LANGILLE, Phyllis
LANGILLE, Ronald
LANGRIDGE, Lorna
LANK, Roscoe
LARKIN, Wanda
LASSEN, Florence
LEADLEY, Ida
LeBLANC, Marilyn
LEDSON, Rosalind
LeFORT, Margaret
LeFORT, Paul
LEGATTS, Elizabeth
LEGENDRE, Linda
LeLACHEUR, John
LENAHAN, Kim
LeRUE, Amy
LeRUE, Carol
LESLIE, Stephen
LEWIS, Allan
LEWIS, Norma
LEYDON, Shirley
LIBBY, Evelyn
LITTLER, Heather
LITVEN, Joseph
LOMIBAO, Rosita
LONGMORE, Patricia
LOUGHRAN, Gary
LUCAS, Debra
LUCAS, Helen
LUCAS, Velma
LYNCH, Ken
MacCORMACK, Louis
MacDONALD, Alexander
MacDONALD, Barbara
MacDONALD, David
MacDONALD, David
MacDONALD, Donna
MacDONALD, Dorothy
MacDONALD, Elizabeth
MacDONALD, Linda
MacDONALD, Phyllis

MacDONALD, Ruth
MacDONALD, Susan
MacDOUGALL, Douglas
MacDOUGALL, Joan
MacEACHERN, Byron
MacEACHERN, Lenora
MacGILLIVARY, John
MacGREGOR, Lawrence
MacGREGOR, Rita
MacINNIS-McMASTER, Esther
MacINTYRE, Albert
MacINTYRE, Donald
MacISAAC, Daniel
MacISAAC, Ethel
MacISAAC, Joseph
MacIVER, Ann
MacKAY, Mary Jane
MacKAY, Patricia
MacKAY, Ronald
MacKAY, Susan
MacKENZIE, Marion
MacKENZIE, Robert
MacKINLAY, Noel
MacKINNON, John
MacLEAN, Stanley
MacLELLAN, Serah
MacLEOD, Helen
MacLEOD, Nancy
MacNEIL, Amelia
MacNEIL, Clare
MacNEIL, Elaine
MacNEIL, Heather
MacNEIL, Laura
MacNEIL, Stephen
MacNEIL, Terrance
MacPHEE, Norma
MacPHEE, Richard
MacRAE, Marion
MacROBERTS, Francis
MANDER, Matthew
MANETTE, Sadie
MANN, Genevieve
MARR, Darlene
MASON, Katherine
MATHESON, Guy
MATHESON, Leslie
MAUGER, Virginia
MAYS, Wilma
McBRIDE, David
McBRIDE, Sherry
McCORMICK, Brian
McDOUGALL, Michael
McDOW, Pearl
McINNIS, Margaret
McISSAC, Douglas
McKAY, Francis
McKENNA, Isabel
McKENZIE, Gladys
McKENZIE, Heather
McKINLEY, Florence
McKINLEY, Mark
McLELLAN, Hugh
McMASTER, Twila
McMULLEN, Mark
McMULLIN, Arlene
McMULLIN, Audrey
McMULLIN, Garnet
McNAIRN, Harold
McNAUGHTON, Anne
McNULTY, Susan
McSWEEN, Patricia
MEISNER, Garry
MELANOVICH, Jolene
MESSERVEY, Rena
MICHAUD, Terry
MICHAUD, Vera
MICHIE, Lorraine
MILLER, Brenda
MILNE, Winnifred
MINOR, Elizabeth
MISENER, Paul
MITCHELL, Catherine
MITCHELL, Helen
MOLYNEAUX, Deborah
MOMBOURQUETTE, Mary
MOORE, Carolyn
MORASH, Audrey
MORASH, Donna
MORASH, Erminie
MORASH, Lillian
MORASH, Sandra
MORASH, Terrance
MORASH, Wopkjea
MOSHER, Brent
MOSHER, Kathleen
MOULTON, Gerald
MULLAN, Jeannine
MULLANE, Christine

MULLEN, Gerald
MURPHY, Charles
MURPHY, Harrison
MURPHY, Victor
MURRAY, Judith
MYATT, Lillian
MYERS, Frances
NAUGLE, Amelia
NAUGLE, Joan
NAUGLER, Helen
NEGUS, Elaine
NEGUS, Judith
NEGUS, Shannon
NEGUS, Sharron
NELSON, Rebecca
NEVIN, Robert
NEWCOMBE, Roger
NEWMAN, Dr. Pushpa
NEWTON, David
NICHOLSON, Joan
NICKERSON, Elsie
NICKERSON, Jean
OAKEY, Samuel
OAKLEY, Joseph
O'BRIEN, Dr. James
O'HANDLEY, Vincent
O'HARA, Margaret
O'HEARN, Murry
OLAND, David
OPIE, Susan
ORR, Cheryl
OSBORNE, Shirley
OSHEA, christina
OTTO, Greta
OWEN, Edla
PADDON, Bernard
PARADIS, Gerard
PARKER, Dolores
PARKER, Michele
PARKER, Richard
PARRIS, Frank
PATRIQUIN, Terry
PATTERSON, Alan
PEACH, Lorraine
PERRATT, Blair
PERRY, Mary M.
PETTIPAS, Angela
PETTIPAS, Christina
PHILLIPS, Gary
PICKERING, Yvette
PICKREM, Williams
PIERCE, Lloyd
PLANETTA, Carol Ann
POIRIER, Leo J.
PORTER, Charles
POULOS, Dr. Harry
POWELL, Emma
POWER, Elizabeth
PREEPER, James
PRINCE, Leanne
PYE, Jean
RACIONE, Gerard
RACIONE, Gloria
RATCHFORD, Susan
RAYNER, Paula
RECTOR, Mary J.
RHYNO, Donald
RICHARDSON, Susan
RITCHIE, Anna
RITCHIE, Clifford
RITCHIE, May
RITVO, Vicky
ROBAR, Peggy
ROBERTSON, Stanley
ROBINSON, Marjorie
RODGERS, Noreen
ROGERS, Keith
ROGERS, Wendy
ROLLS, Gwendolyn
ROMARD, Ulysses
ROMERO, Cardenas Tomas
ROMKEY, Paul E.
ROONEY, Margaret
ROSS, Barbara
ROTHWELL, Elsie
ROWE, Heather
ROWE, Melvin
RUPARELIA, Dr. Harish
RUSSELL, Janice
RYAN, Gail
RYAN, John
SALDON, Robert
SAMUELSON, Norma
SANDERSON, Sharon
SANDESON, Marion
SANGSTER, Catherine
SAVAGE, Emily J.
SAVAGE, Mark

SAVAGE, Wade
SAWLOR, Jean
SCHNARE, June
SCHULTZ, Donna M.
SCOTT, Enid M.
SCOTT, Lynn
SEWARD, Theodore
SEWARD, Violet
SHACKLETON, Peter
SHAIKH, Tarhat
SHAND, Myra
SHARMA, Munna
SHARPE, Jessie
SHEPPARD, Ivan
SHORT, Carol
SHORTT, Ellie
SIDHU, Dr. Parmjit
SIM, Margaret
SIMMONS, Linda
SIMPSON, Victor
SINGH, Dr. Manbir
SITEMAN, Shirley
SKINNER, Yvonne
SMALL, Heather
SMITH, Barbara
SMITH D. F.
SMITH, Gerald
SMITH, Hazel J.
SMITH, John
SMITH, Joy
SMITH, Kathleen
SMITH, Linda
SMITH, Rose
SMITH, Sheila
SMITH, Verna
SMITH, Virginia
SNOWDON, Carole
SPARKS, Beverly
SPARKS, Connie
SPINDLER, Margaret
SPINDLER, Stella
SPRING, Lawrence
SPROULE, Joyce
SQUIRES, Amilone
SQUIRES, Elizabeth
STACEY, Dr. Donald
STAFFORD, Reginald
STEEVES, Joan
STOCKLEY, Gloria
STODDARD, Bradford
STOLARZ, Frank
STONE, Lloyd
STONE, Monica
STORTTS, Jean
STUDLEY, Donna
STUTHARD, Eileen
STUTHARD, Margaret
STYLER, Raymond
SULLIVAN, Katherine
SUMMERS, Duncan
SWAN, Isobel
SWAYZIE, Margaret
SYMONDS, Eleanor
TAYLOR, Janet
TAYLOR, Grace
TAYLOR, Kenneth
TAYLOR, Marilyn
TAYLOR, Pamela
TAYLOR, Sherry
TAYS, James
TEAL, Josephine
TEDFORD, Randy
THERIAULT, Jeanine
THIBAULT, Norman
THIMOT, Marie
THOMAS, Blaine
THOMAS, Calvin
THOMPSON, Joyce
TOLLIVER, Vincent
TOMLINSON, Dr. Mary
TOMPKINS, Mary
TOOMER, Donald
TOWNSEND, Arthur M.
TRACEY, Margaret
TREVITHICK, Cynthia
TREVITHICK, Geoffrey
TROWSSE, Jilien
TYNES, Elizabeth
URQUHART, Kathleen
VANBUSKIRK, Maureen
VANCE, Gayle
VANDENHOOGEN, Cornelius
VAN OMME, Linda
VERSNEL, Joan
VICKERS, Paula
VILLACASTIN, Marlyne
VILLACASTIN, Dr. Sisinio
WALKER, Elizabeth

WALSH, Shirley
WALTERS, Anson
WALTERS, Gretchen
WAMBOLT, Hilda
WAMBOLT, Rowena
WARNELL, Clarence
WARNELL, Ronald
WARWICK, Sharon
WATERFIELD, Larry
WEBB, Hazel
WEBBER, Geraldine
WEIR, Dr. Donald
WELCH, Howard
WELLS, Margaret
WELLS, Ronald
WEST, Evelyn
WEXLER, Martin
WHALEN, Judith
WHIDDEN, Gordon
WHIDDEN, Linda
WHITE, Colleen
WILLIAMS, Veronica
WILLISTON, Gerald
WOOD, Dr. William C.
WOODS, Althea
WOODS, David
WOODS, Reginald
WORTHYLAKE, Dr. Grant
WRIGHT, Laurie
WRIGHT, Mervin
YASCHUK, Patricia
YATES, Wayne
YOON, Dr. Suk Ho
YOUNG, Ann
YOUNG, Frederick
YOUNG, Joyce
YOUNG, Raymond
ZWICKER, Gloria

BLUENOSE SECURITY

BAKER, Fred
BAKER, Jim
BUCHANAN, Loretta
BURBINE, Aubry
COLBERT, Earnie
CROWELL, Fred
CUMMINGS, Kurk
GOODWIN, Harold
LEGERE, Charlie
TAKER, Rodney
THOMPSON, Debbie
WEBBER, Dave
YOUNG, Pat

Miss E.C. Purdy, Reg. N.

A lady who contributed an
enormous amount to the
Nova Scotia Hospital

Board of Management - Nova Scotia Hospital

Front Row (L. - R.) David Tanton, Muriel Conrad, David Richey (Chairman), Pam Murray, Chas Kydd.

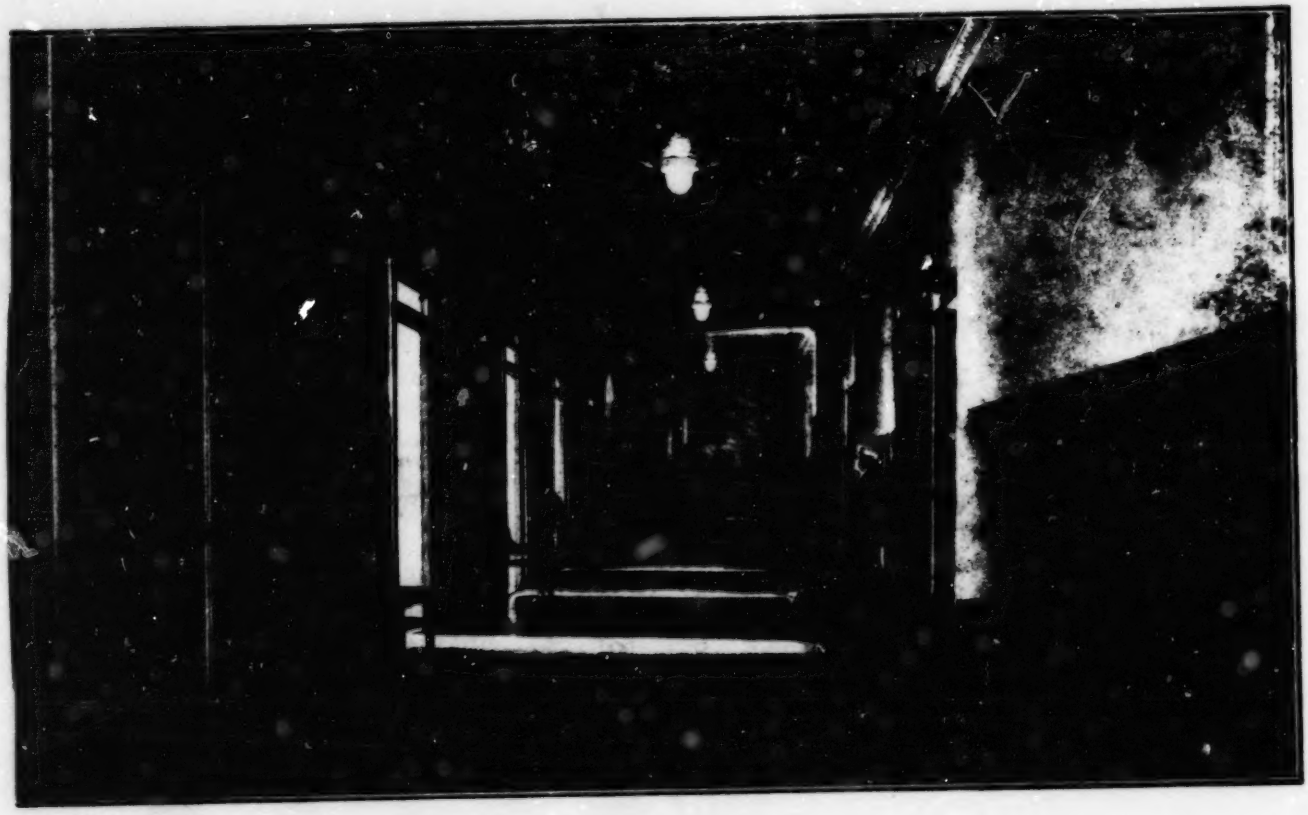
Back Row (L. - R.) Gordon Thompson, Ozzie Henderson, Bruce Hetherington, David Ardley, Leo Peters, Kerry O'Hearn and Donald West.

125th. Anniversary Committee - Nova Scotia Hospital

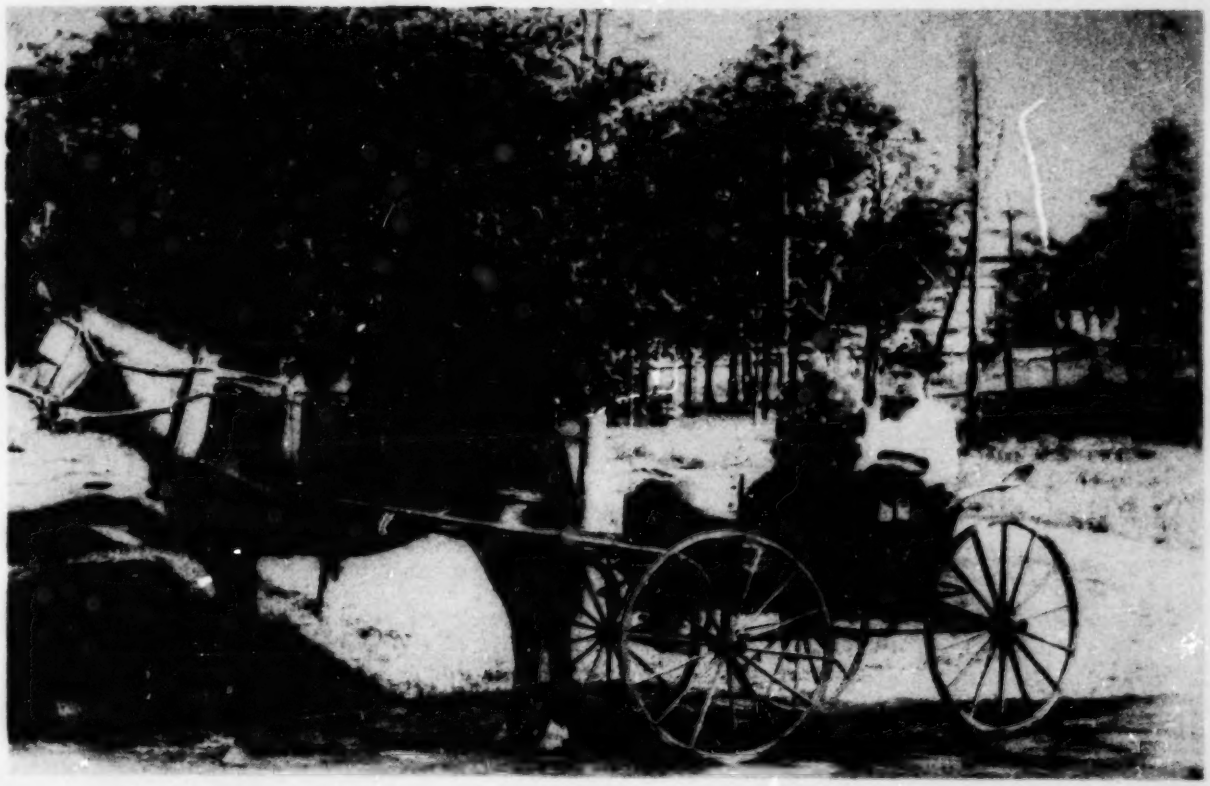
Front Row- (L - R) Delilah Hughes, Kathy Mitchell, Mona Beaver, Farhat Skakh, Shirley Turner, Amelia MacNeil, Avis Faulkner, Althea Woods.

Back Row-(L - R)- Leo Poirier, Doris Graham, Sandra Morash, Maureen VanBuskirk, Jennie Irving, John Cassavechia, Joan Versnel, Thersea Fillatre, Joan Clancy and Barbara Roy.

Missing - Dr. L. Johnston, Gail Brewer, Betty Walker, Mary D'Amico, Nancy Greene, Dr. M. Tomlinson, Rena Messervey, Barbara MacDonald, Susan McNulty, Roger Newcombe, Eleanor Symonds and Marg Hemon.



Old Unit - N-11

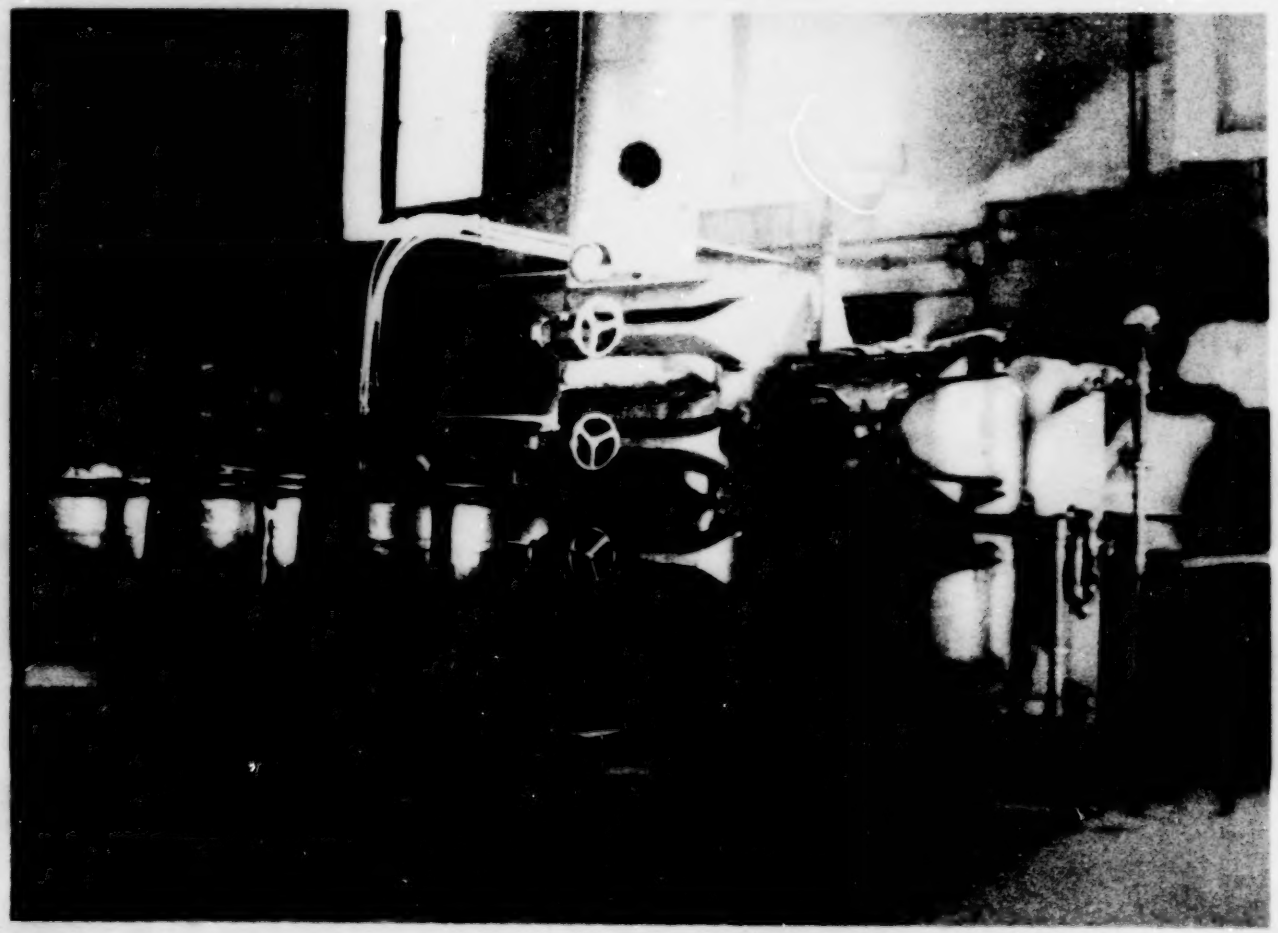


Early 1900's - Buggy Ride - Source of Patients Activity

Patients Halloween Party - Early 1940's

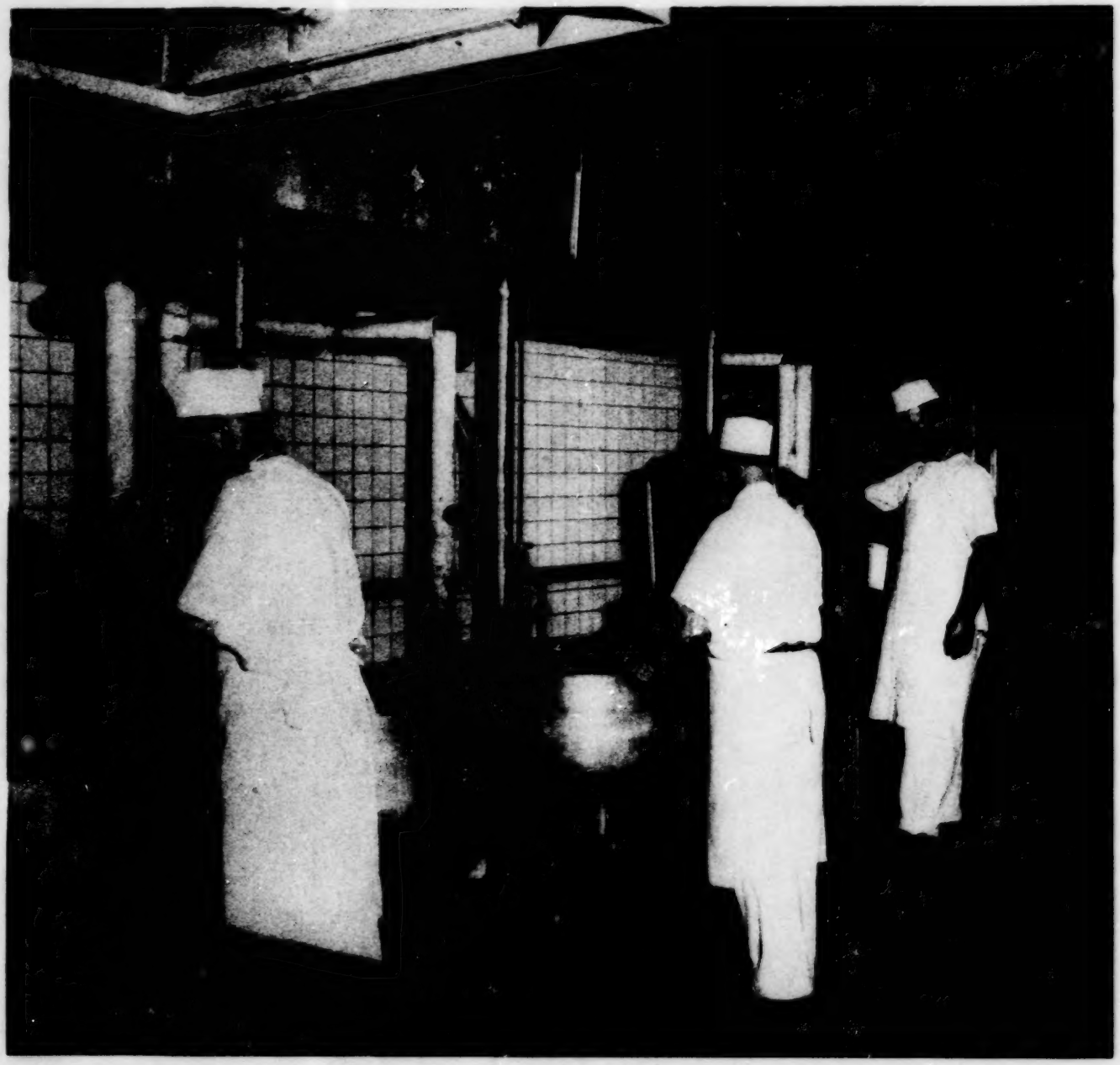
Old Gymnasium - Since torn down

KITCHEN EARLY 1900's

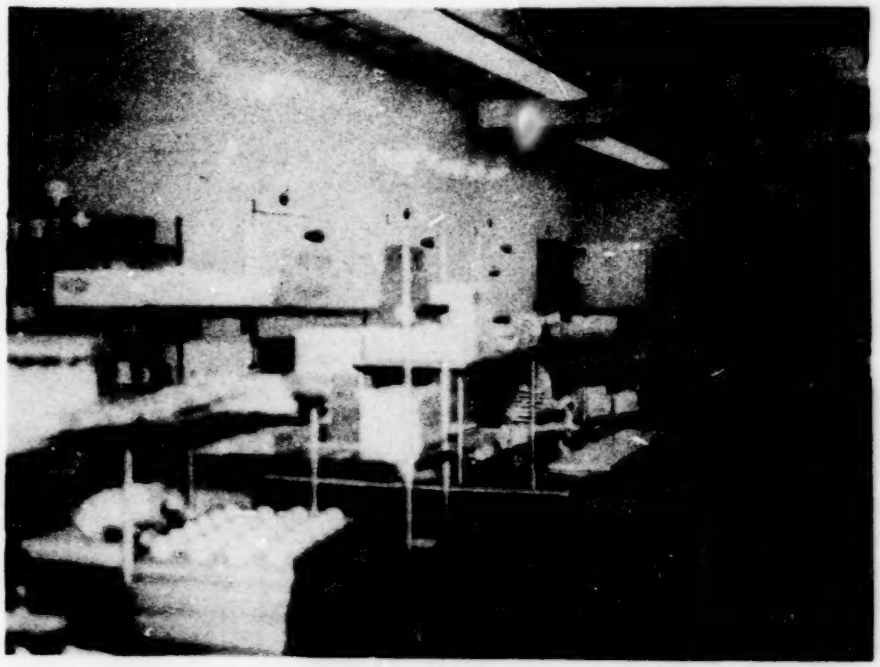


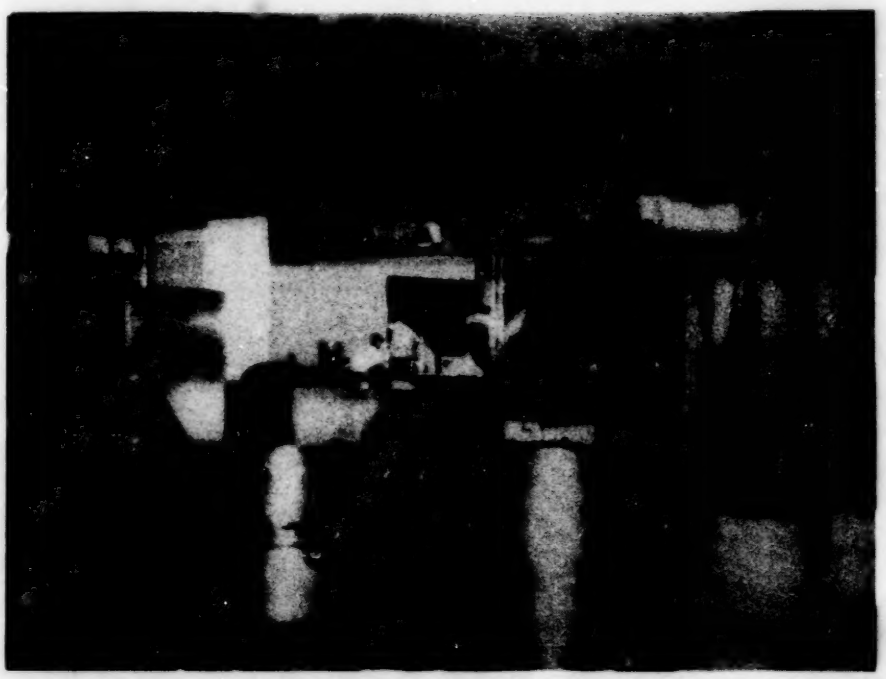
1940/1945

1946



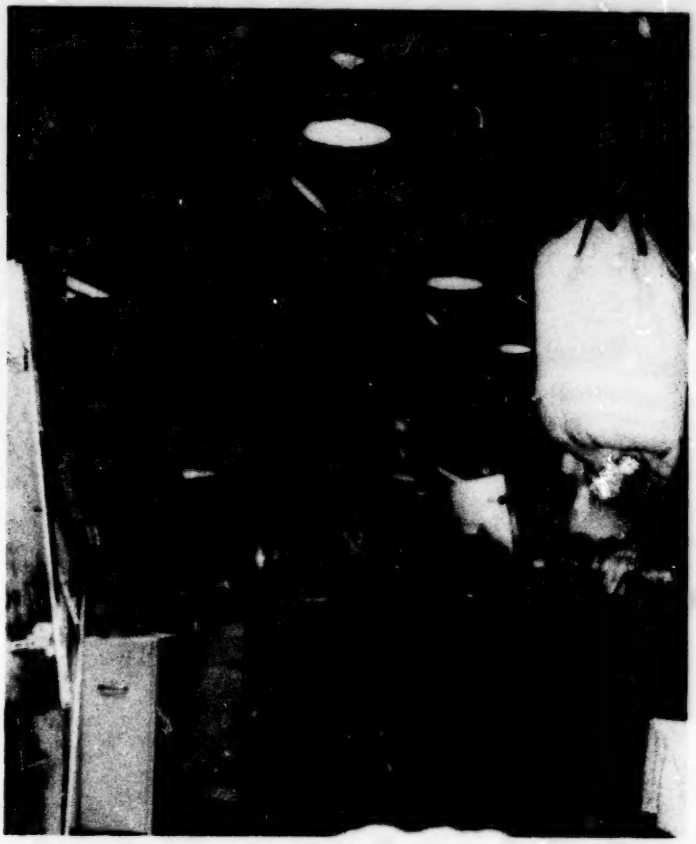
1963

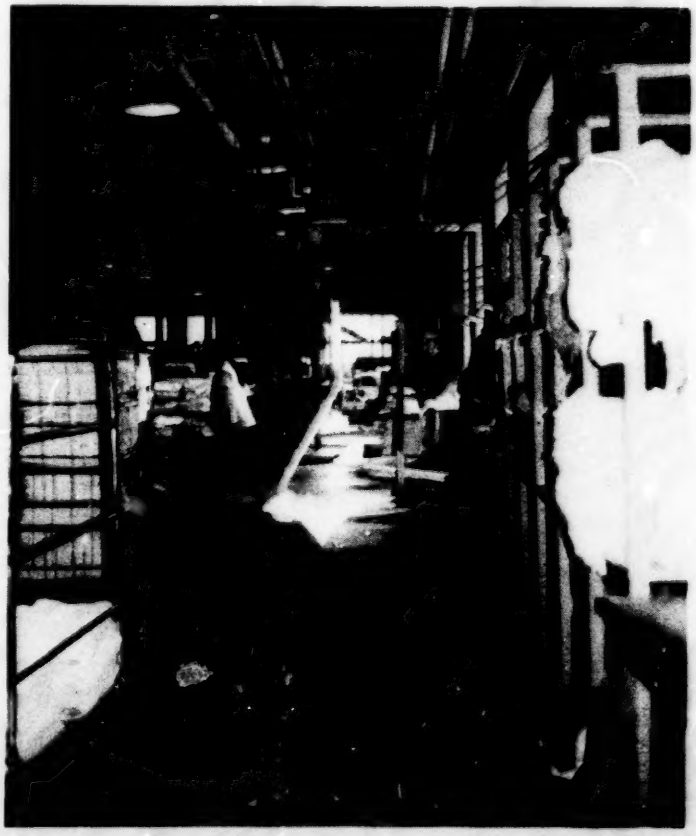




KITCHEN 1980's

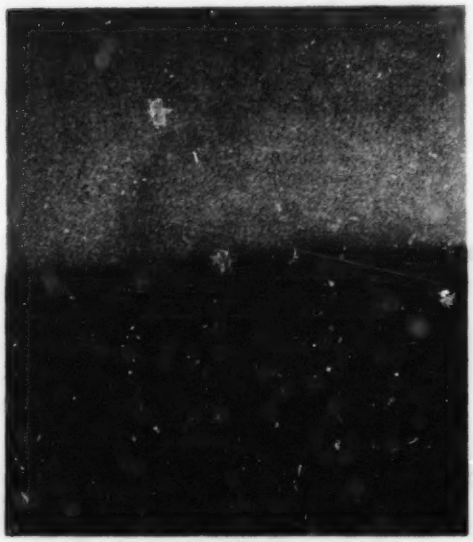
C A F E T E R I A



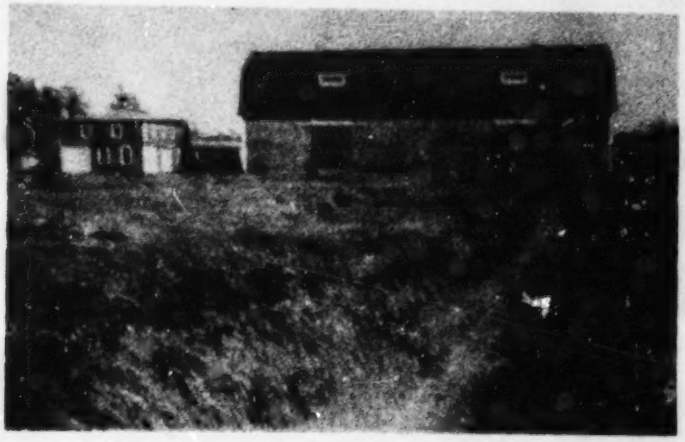


L A U N D R Y S E R V I C E S

MacKay House - Called after Dr. MacKay
Later housed younger Children.



Hospital Piggery
(Since torn down)

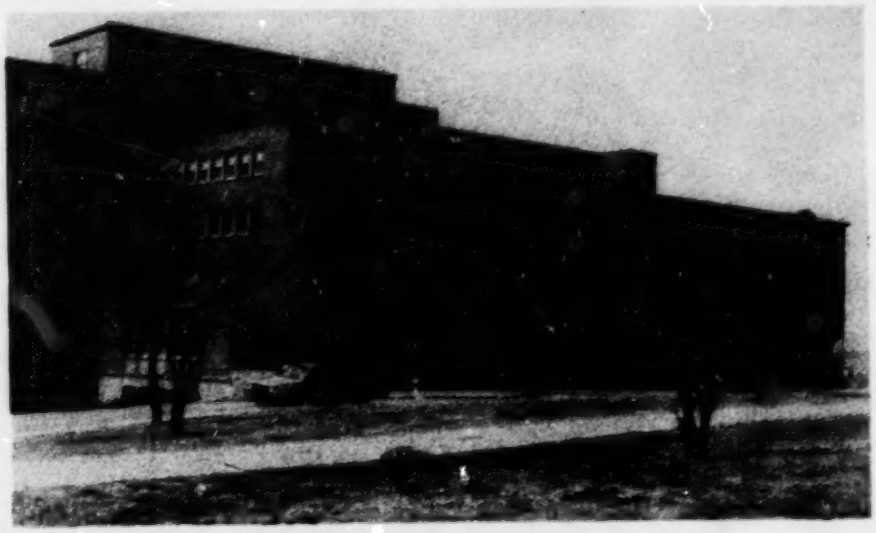


Hospital Barn and Wagon Shed
(Since torn down)

Bob Lewis - Bill Williams
Male Staff Uniforms
1920's - 1930's

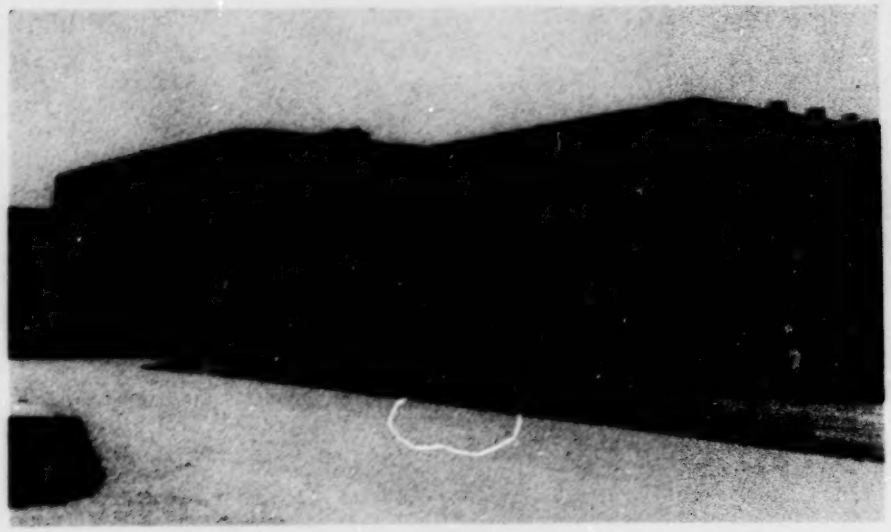
Bob Lewis - Fred Baker

North Unit
Nova Scotia
Hospital



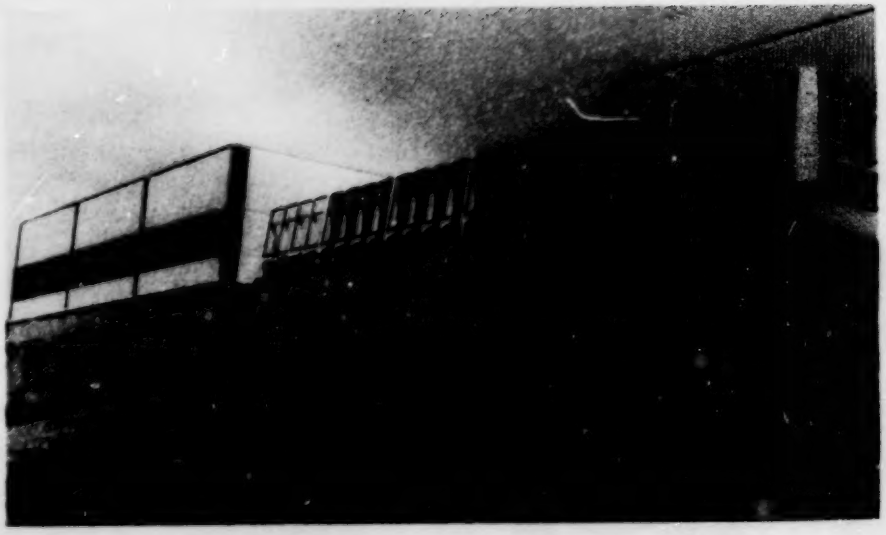
South Unit
Front Entrance

South Unit
Back View



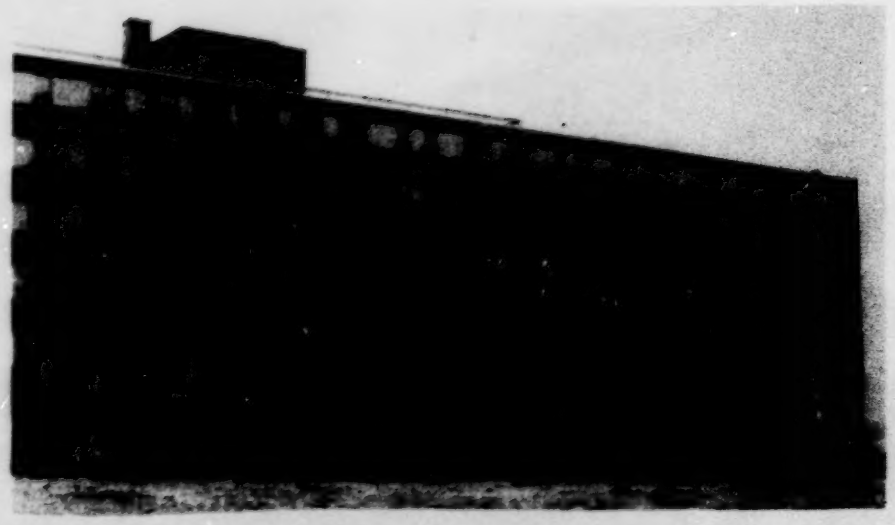
CENTRAL SERVICE BUILDING

Front Entrance

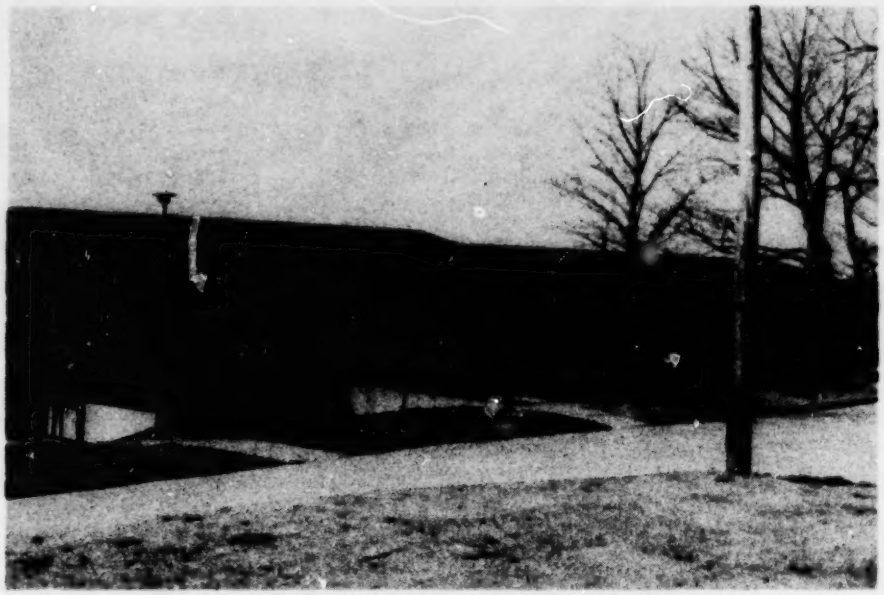


CENTRAL SERVICE BUILDING

Back View, overlooking Halifax Harbour

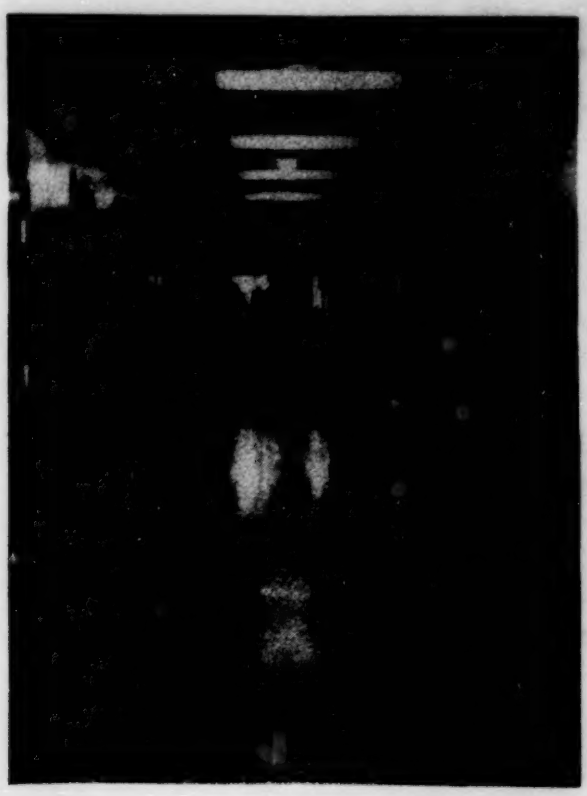


NURSES RESIDENCE



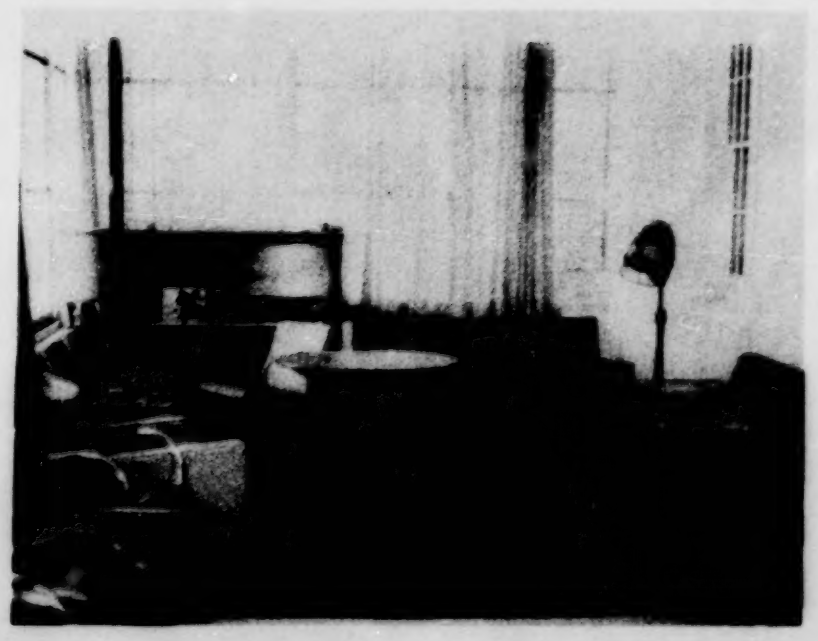
MARSHALL TREATMENT CENTRE

PRINCESS ALEXANDRA UNIT
MACKAY UNIT
BOTH BUILDINGS OF SIMILAR DESIGN

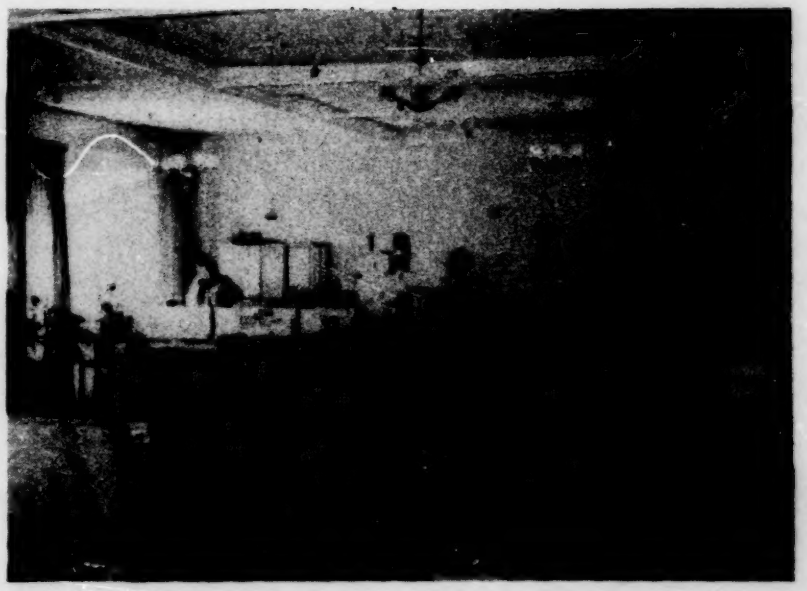


UNIT HALLWAY

ASSESSMENT TEAM



PATIENTS LOUNGE AREAS



DAY HOSPITAL

GYMNASIUM

SWIMMING POOL

C O N G R A T U L A T I O N S

to the

N O V A S C O T I A H O S P I T A L

on this 125th Anniversary

with all best wishes for the future

THE NOVA SCOTIA GOVERNMENT EMPLOYEES UNION

WOK'S COOKING
ORIENTAL GOURMET SHOP

FOR ALL YOUR CHINESE COOKING NEEDS:

INGREDIENTS
UTENSILS
COOKBOOKS

174 Wyse Road, Dartmouth, N.S. B3A 1M6 TEL: 469-3141

MEMBER F.T.D.A.

Rosedale nurseries Limited
"Since 1919"

HALIFAX and DARTMOUTH Nova Scotia

Bus: 466-2184

Flowers for all occasions

Halifax
455-1387

Dartmouth
469-7361
469-9820

DARTMOUTH AMBULANCE LIMITED

69 WINDMILL RD., DARTMOUTH, N.S.

PHONE 477-6260

CAMPBELL'S BOOKBINDING SERVICES
38B ST. MARGARET'S BAY ROAD
ARMDALE, HALIFAX, N. S.

C. J. CAMPBELL, MGR.

LOOSE LEAF BINDERS
BLANK BOOKS, ETC.

Wyse Road Shoe Rebuilders
172 Wyse Road Shopping Centre

Phone 466-2214

SHOE REPAIRS WHILE-U-WAIT
Shoe Dyeing And Ladies New Heels Our Specialty
ALL RUBBER and ZIPPER
REPAIRS SKATES SHARPENED
Next to MacDonalds

Little Nashville
44 Alderney Drive
Downtown Dartmouth
463-6252
"Where Country Music Stars Gather"
The Maritime Nashville

Congratulations
to the
Nova Scotia Hospital's
125th Anniversary

Vachon Pastry

CAKCO
DISTRIBUTORS LTD.

43 Borden Ave.
Dartmouth, N.S.
B2Y 3Z5
BUS: (902) 469-1464

Yvonne Skinner
Mary D'Amico
Gwendalyn Ralls

Joan McDougall
Susan Fulton
Mary Romeau.

Congratulations
to the
Nova Scotia Hospital
from the
Head Nurse Council
125th Anniversary

Lorna M. Thaw
Sheldon Shields
Jeanne Irving
Mary B. Mombourquette
Carole LeBlanc

Patricia A. Lorgnon
Theresa Gillette
Margaret Higgins

Melda Howe
Eleanor Balcom

Congratulations
to
Nova Scotia Hospital
on their
125th Anniversary
Dartmouth Chapter Certified Nursing Assistants

Congratulations
Nova Scotia Hospital
on your
125th Anniversary Celebrations
Delilah Hughes

469-9977

The Shoe Keeper

SHOES OF FASHION

86 PORTLAND ST.
DARTMOUTH, N.S. B2Y 1H6

MARIE KENNIE
DORIS BIGELOW

John's Lunch

Fresh Clams
French Fries
Pizza
Quick, Fast Take-Out Service
352 Pleasant Street
Dartmouth, Nova Scotia
Telephone 469-3074

Morris Drug Store Ltd.
ARP Pharmacy

Monday to Friday — 9 a.m. - 9 p.m.
Saturday — 9 a.m. - 6 p.m.
Sunday — 2 p.m. - 9 p.m.
162 Wyse Rd., Dartmouth
(Next to Dartmouth Shopping Centre)

The PEOPLE'S Hardware Ltd.
● PAINTS ● ELECTRICAL SUPPLIES ● KITCHENWARE
64 PORTLAND STREET, TEL 466-2406
DARTMOUTH, N. S.

(902) 454-4644

HALIFAX FURNITURE CLINIC

P.O.Box 8928
Postal Stn. A
Halifax, N.S.
B3K 5M6

DAVE DUNLOP
Manager

International
International Paints (Canada) Limited

COMPLIMENTS

OF

6437 Lady Hammond Road, Halifax, N.S., B3L 4J9
Order Desk: (902) 454-7445 Off. 454-7447
Telex: 019-22508

OWL
DRUG STORE
Free Prescription Delivery
Serving Dartmouth for over
60 Years
Telephone—466-2419
71 Portland Street
Dartmouth, N.S.

NIEFORTH
FURNISHERS LTD.
COMPLETE HOME
FURNISHINGS
&
APPLIANCES
469-2401
35 Portland St., Dartmouth

BRUCE G. DEMPSEY
SALES REPRESENTATIVE

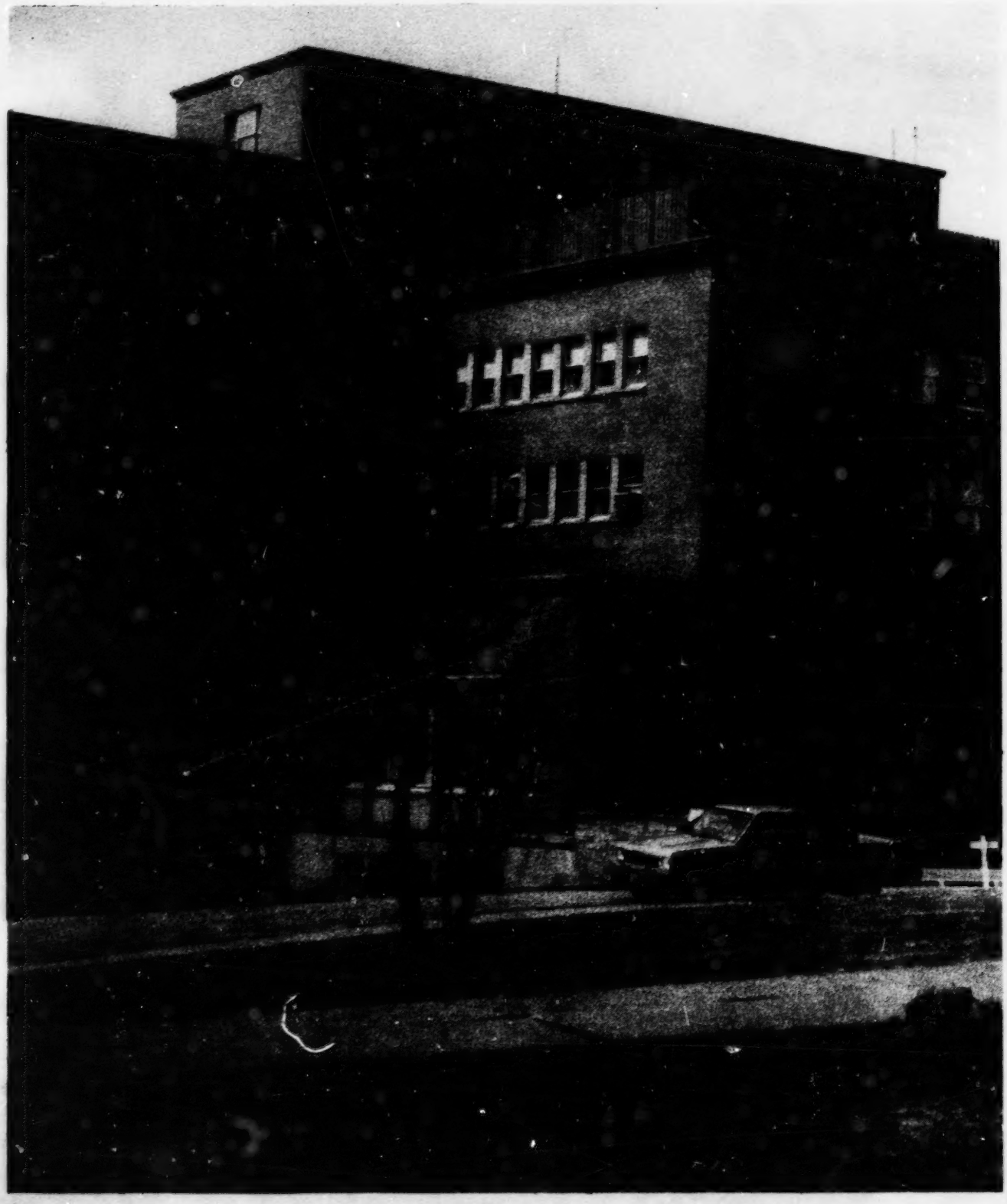
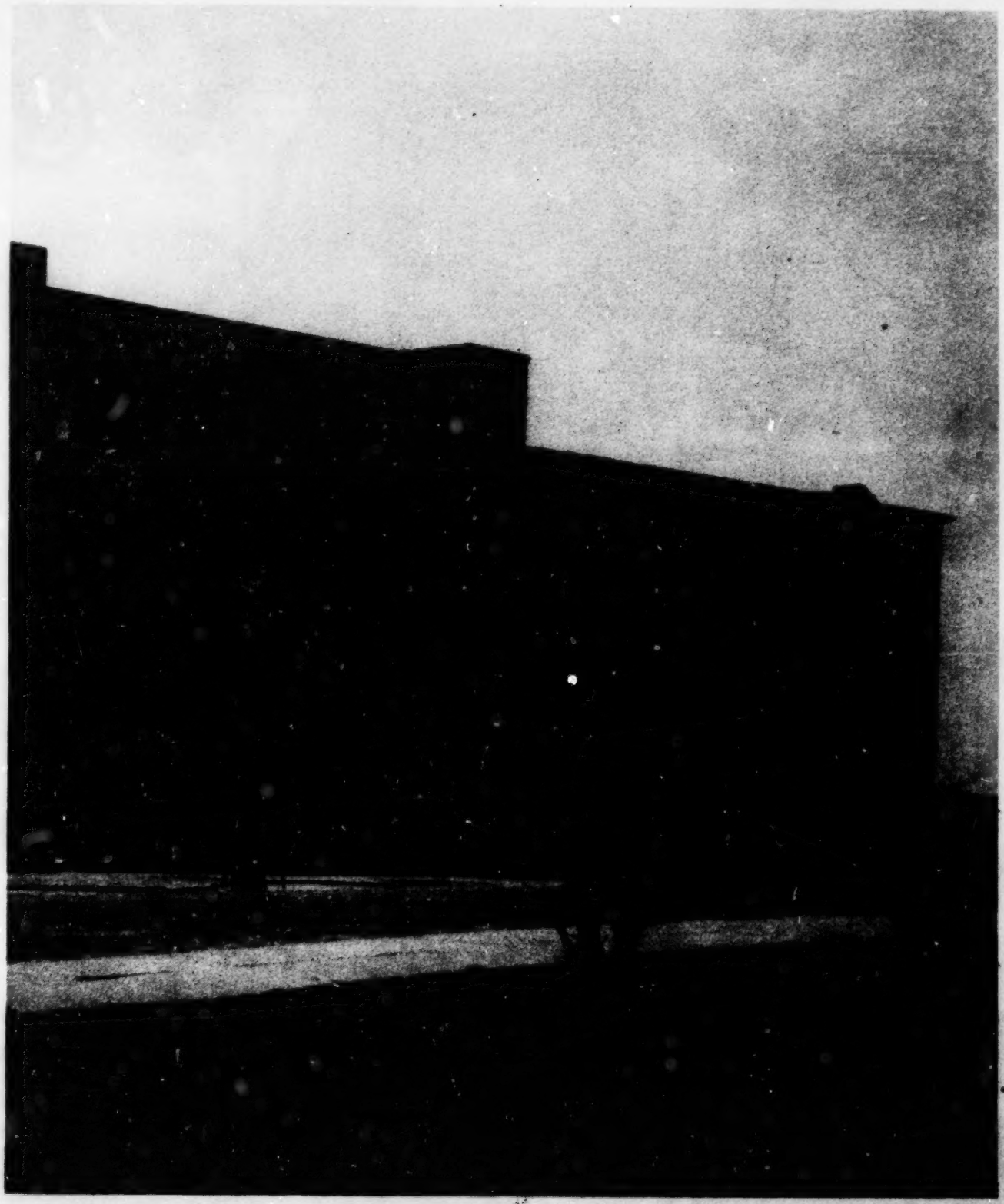
50 AKERLEY BLVD
DARTMOUTH, NOVA SCOTIA
B3B 1R8

BUS. (902) 465-3830
RES. (902) 443-8492

I&B INGRAM & BELL MEDICAL DIVISION OF INGRAM & BELL LIMITED

AUTOGRAPHS

to



Reality.